

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000104362**

1. Entity Name
EVENTS BY DESIGN, INC.

FILED

Jan 30, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
2417 OAK RUN BLVD.		2417 OAK RUN BLVD.	
KISSIMMEE	FL	KISSIMMEE	FL
34744		34744	

2. Principal Place of Business 2959 POPLAR AVE.		3. Mailing Address 2959 POPLAR AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

DO NOT WRITE IN THIS SPACE

City & State LEESBURG		City & State LEESBURG		4. FEI Number	Applied For
Zip 34748	Country	Zip 34748	Country	59-3550794	Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHILDS JOHN 2417 OAK RUN BLVD.				Name CHILDS JOHN	
KISSIMMEE				Street Address (P.O. Box Number is Not Acceptable) 2959 POPLAR AVE	
FL 34744				City LEESBURG	
				FL	Zip Code 34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JOHN CHILDS**

01/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS JOHN 2417 OAK RUN BLVD. KISSIMMEE	FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS JOHN 2959 POPLAR AVE LEESBURG	FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Childs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres **01/30/2001**

Date

Daytime Phone #

CR2E034 (11/00)