

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021154

Entity Name

EVENT DESIGN & PRODUCTION GROUP, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90024 028 \*\*\*150.00

Principal Place of Business  
04 N. COLLIER BOULEVARD  
ARCO ISLAND FL 34145

Mailing Address  
1104 N. COLLIER BOULEVARD  
MARCO ISLAND FL 34145-2547

Principal Place of Business  
906 Hyacinth Cove Ct  
Suite, Apt. #, etc.  
Apopka  
City & State  
Florida  
Zip  
32703

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3640904  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GREUSEL, JAMIE B  
C/O BERRY & GREUSEL  
1104 N. COLLIER BOULEVARD  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 1. OFFICERS AND DIRECTORS |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |                               |
|---------------------------|---------------------------------|--|---|---|-------------------------------|
| TITLE                     | NAME                            | STREET ADDRESS<br>CITY-ST-ZIP                      | TITLE   | NAME  | STREET ADDRESS<br>CITY-ST-ZIP |
|                           | D<br>GREUSEL, JAMIE B           | C/O 1104 N. COLLIER BLVD.<br>MARCO ISLAND FL 34145 |   |   |                               |
|                           | <input type="checkbox"/> Delete |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                               |
|                           |                                 |  |   |   |                               |
|                           | <input type="checkbox"/> Delete |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                               |
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|                           | <input type="checkbox"/> Delete |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                               |
|                           |                                 |  |   |   |                               |

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 607, 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:

*Kevin R. Ketcham*

KEVIN R. KETCHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWA

Divisional Phone #

407-464-9782

CR0001 (9/99)