

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059901

1. Entity Name

OCEAN STATE EVENT SERVICES, INC.

Principal Place of Business
230 POWER COURT.. STE 140
SANFORD FL 32771

Mailing Address
230 POWER COURT.. STE 140
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3589453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROTTY, KATHLEEN L
1800 W. INTERNATIONAL SPEEDWAY BLVD
BLDG 2., SUITE 201
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WENDT, TIMOTHY
STREET ADDRESS 649 SOUTH PINE STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE VPSD
NAME WOLDROP, BRENDA
STREET ADDRESS 305 DUE EAST AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE TD
NAME GRENIER, ROBERT JR
STREET ADDRESS 6 NORTHROP PLAT RD
CITY-ST-ZIP COVENTRY RI 02816 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPSD
NAME WALDROP, BRENDA
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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:

B. Waldrop

Brenda Waldrop

4/17/01

407-324-7596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0052780

CR2E034 (10/00)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90020 019 ***150.00



DO NOT WRITE IN THIS SPACE