

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90113 028 ***150.00

0016686 AV

DOCUMENT # P02000057300

1. Entity Name

JUMPIN BEANS PARTY RENTALS, INC.



Principal Place of Business

4057 SOUTH WATERBRIDGE CIRCLE
PORT ORANGE FL

Mailing Address

4057 SOUTH WATERBRIDGE CIRCLE
PORT ORANGE FL

2. Principal Place of Business

4057 S. Waterbridge Circle
Suite, Apt. #, etc.

3. Mailing Address

4057 S. Waterbridge Circle
Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32129

Country

USA

Zip

32129

Country

USA

4. FEI Number

05-0526535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRIAN R. TOUNG, P.A.
213 SILVER BEACH AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERSTEIN, DAVID E
STREET ADDRESS 4057 SOUTH WATERBRIDGE CIRCLE
CITY-ST-ZIP PORT ORANGE FL

TITLE VD ☐ Delete
NAME HERSTEIN, DENISE Y
STREET ADDRESS 4057 SOUTH WATERBRIDGE CIRCLE
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Herstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

386-740-6880

Daytime Phone #

CR2E034 (10/02)