

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

0532984

**DOCUMENT # P97000034325**

03-13-2001 90312 002 \*\*\*150.00

1. Entity Name  
**1-800-PARTYSHOP, INC.**

Principal Place of Business <b>13300 US HWY 96          SEBRING FL 33870          US</b>	Mailing Address <b>13300 US HWY 96          SEBRING FL 33870          US</b>
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**RUUJ6300**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-3447921</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  
**MACBETH, J ROSS  
 2543 US 27 SOUTH  
 SEBRING FL 33870**

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.

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

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

TITLE NAME P LOGSDON, DAVID STREET ADDRESS 9811 ROSEWOOD DR CITY-ST-ZIP SHAWNEE MISSION KS 66207	<input checked="" type="checkbox"/> Delete
TITLE NAME CFO REED, ROBIN A STREET ADDRESS 3755 RODEO DR S CITY-ST-ZIP SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME COO WELLS, BILL STREET ADDRESS 5533 EMERALD RIDGE BVD CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME DC SMITH, LEONARD C. III STREET ADDRESS 2701 CHEYENEE ROAD CITY-ST-ZIP SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME DST WOHL, JERI B. STREET ADDRESS 1800 STATE ROAD 17 SOUTH CITY-ST-ZIP AVON PARK FL 33825	<input type="checkbox"/> Delete
TITLE NAME DCO WOHL, JIMMY STREET ADDRESS 1800 SR 17 S CITY-ST-ZIP AVON PARK FL 33875	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CAO B. CROSS STREET ADDRESS 3718 CREEKSIDE DR CITY-ST-ZIP SEBRING, FL-33875	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01  
Date

Daytime Phone #

CR2E034 (10/00)