

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90444 010 ***150.00

04/22/97 AV

DOCUMENT # G19032

1. Entity Name

THE GARDEN PARTY, INC.

Principal Place of Business

**2832 S MACDILL AVE
TAMPA FL 33629**

Mailing Address

**600 MAGONLIA AVE. 125
TAMPA FL 33606**

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2832 S. Macdill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL 33629

Zip

Country

Zip

Country

33629 US

4. FEI Number

59-2388299

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

ANGELICI, LINA ESQ.

SCHIFINO & FLEISCHER, P.A. SUITE 2700

ONE TAMPA CITY CTR., 201 N. FRANKLIN ST.

TAMPA FL 33602

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, 2002 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 NAME ☒ Delete
PT ATKINS, JACQUELINE M
STREET ADDRESS **721 S. OREGON**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE NAME ☐ Change ☒ Addition
President Caroline C. Hill
STREET ADDRESS **2926 Villa Rosa Park**
CITY-ST-ZIP **Tampa FL 33611**

TITLE NAME ☒ Delete
VS HAMPTON, JENNIE R
STREET ADDRESS **2403 S ARDSON 502-B**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Caroline C. Hill

Caroline C. Hill

4-202

813 831-7176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

04/22/97