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

L79420 **DOCUMENT #** 

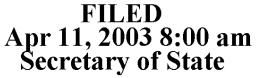
1. Entity Name

PARTY HEARTY OF BREVARD, INC.

Principal Place of Business 2092 N. COURTENAY PKWY MERRITT ISLAND EL 32953

Mailing Address

2092 N. COURTENAY PKWY MERRITT ISLAND EL 32953



04-11-2003 90220 043 \*\*\*150.00

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2. Principat P	Crockete B	2.1 3. Mailing Ad	Ell Blue	Constitution Series and trail	THE REAL PROPERTY OF THE PARTY			
Suite, Apt. #, etc.  Suite, Apt. #, etc.				ac ama	CHECK HERE IF MAKING CHANGES			
Merrit Sol, Fr merrit Sol,			,7L	4. FEI Number 59-3014604	No	plied For at Applicable		
zip 3295		. 32953	3 B	intry		See Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
CODNELL	TICHY HIME			Name COXN	CORNELL-11CHY YUNE			
CORNELL-TICHY, JUNE 2092 N COURTENAY PKWY				Street Address (P.O. Box Number is Not Acceptable)				
			COCKIDE DEN					
MERRITT ISLAND FL 32953					el Soland,			
	,			City		FL [ Fggg	<u>-3</u>	
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: Regulered 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					Election Campaign Finance     Trust Fund Contribution.		May Be I to Fees	
10.		AND DIRECTORS	11		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS		
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NAME STREET ADDRESS CITY-ST-ZIP	CORNELL-TICHY, JUNE 2092 N. COURTENAY PKWY MERRITT ISLAND FL	•	STI	ime Reet Address Ty-St-Zip			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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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.								

LE FUNE CURNELL TICHY 4/9/03 321-459-0237