

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004998**

1. Entity Name

LIFE IS A CELEBRATION II, INCORPORATED**FILED****May 24, 2002 8:00 am**
Secretary of State

05-24-2002 91290 041 ****61.25

Principal Place of Business

**9209 SEMINOLE BLVD
#54
SEMINOLE FL 33772
US**

Mailing Address

**9209 SEMINOLE BLVD
#54
SEMINOLE FL 33772
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3356024**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MALONEY, JOHN L
9209 SEMINOLE BLVD #54
SEMINOLE FL 33772**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MIAZGA, JOEY**
STREET ADDRESS **9209 SEMINOLE BLVD #54**
CITY-ST-ZIP **SEMINOLE FL 33772**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DIROMO, KELLY**
STREET ADDRESS **8300 144TH LANE W**
CITY-ST-ZIP **SEMINOLE FL 33776**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **TARULLI, LINDA**
STREET ADDRESS **9696 121ST STREET NORTH**
CITY-ST-ZIP **SEMINOLE FL 33772**TITLE **D Hughes, Kasey** ☐ Change ☒ Addition
NAME **9209 Seminole Blvd. #54**
STREET ADDRESS **Seminole, FL 33772**
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **PATY, KAREN**
STREET ADDRESS **13649 CLARENDON RD**
CITY-ST-ZIP **SEMINOLE FL 33776**TITLE **D Frank Miazga** ☐ Change ☒ Addition
NAME **9138 Pine Lake Trail**
STREET ADDRESS **St. Pete, FL 33708**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 617, 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:

JOEY MIAZGA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

727-547-7660

Daytime Phone #

CR2E037 (9/01)