

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/5/0

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90071 026 \*\*\*150.00

**DOCUMENT # P00000019422**

1. Entity Name

**PARTYLAND BOUNCERS & PARTY SUPPLIES, INC.**

Principal Place of Business

1210 SW 127TH TERR  
DAVIE FL 33325

Mailing Address

1210 SW 127TH TERR  
DAVIE FL 33325

2. Principal Place of Business

2991 SW 137 Terr  
Suite, Apt. #, etc.

3. Mailing Address

2991 SW 137 Terr  
Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0987400

Applied For

Not Applicable

Zip

Country

33330

USA

Zip

Country

33330

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUTRELL, TAMMY  
1210 SW 127TH TERR  
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name TAMMY Futrell

Street Address (P.O. Box Number is Not Acceptable)

2991 SW 137 Terr

City DAVIE

FL

Zip Code 33330

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, 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 PRES.  
NAME TAMMY FUTRELL  
STREET ADDRESS 1210 SW 127 TERR.  
CITY-ST-ZIP DAVIE, FL 33325

☐ Delete

TITLE V. PRES.  
NAME VERN FUTRELL  
STREET ADDRESS 1210 SW 127 TERR  
CITY-ST-ZIP DAVIE FL 33325

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)