

2001 UNIFORM BUSINESS REPORT (UBR)

3/25

FILED
Apr 19, 2001 8:00 am
Secretary of State

03-29-2001 90354 005 ***150.00

DOCUMENT # P00000037740

1. Entity Name
PEEK-A-BOO PARTIES INC.

Principal Place of Business Mailing Address
2200 WINTER SPRINGS BLVD. #106-303 **2200 WINTER SPRINGS BLVD. #106-303**
OVIEDO FL 32765 **OVIEDO FL 32765**

2. Principal Place of Business 3. Mailing Address
2200 Winter Springs Blvd. **same as above**

Suite, Apt. #, etc.
#106-303

City & State City & State
Oviedo FL **Oviedo FL**

Zip Country Zip Country
32765 **32765** **32765** **32765** **32765**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
N/A - No Employee Not Applicable

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

6. Name and Address of Current Registered Agent
GLOER, GARY
2200 WINTER SPRINGS BLVD. #106-303
OVIEDO FL 32765

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 *Gary Gloer* DATE 4-9-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GLOER, GARY 2200 WINTER SPRINGS BLVD. #106-303 OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CRPE034 (10/00)

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: *Gary Gloer* Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR