

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90010 031 ***150.00

DOCUMENT # P00000057804

1. Entity Name

PARTIES AND BALLOONS BY YOURS TRULY INC.

Principal Place of Business

**348 N. EGLIN PKWY.
FT. WALTON BEACH FL 32548**

Mailing Address

**348 N. EGLIN PKWY.
FT. WALTON BEACH FL 32548**

2. Principal Place of Business

348 N. Eglin PKwy.

~~Suite, Apt., #, etc.~~

3. Mailing Address

348 N. Eglin PKwy.

~~Suite, Apt., #, etc.~~

City & State

FORT WALTON, Fla

City & State

FORT WALTON, Fla

Zip
32547

Country
USA.

Zip
32547

Country
USA

4. FEI Number

59-3657932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, DONNA K
348 N. EGLIN PKWY.
FT. WALTON BEACH FL 32548**

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 Donna K. Kelly
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-02

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

TITLE **P** ☐ Delete
NAME **KELLY, DONNA K**
STREET ADDRESS **203 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VP** ☐ Delete
NAME **BURKEY, PATRICIA**
STREET ADDRESS **206 SOUTH AVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **ST** ☐ Delete
NAME **KELLY, JAMES W**
STREET ADDRESS **117 WILDWOOD DR**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

Donna K. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02 850-862-4211

CR2E034 (9/01)