

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

SECRETARY OF STATE

**DOCUMENT # P00000057804**

**1. Entity Name**  
**PARTIES AND BALLOONS BY YOURS TRULY INC.**

04-26-2002 90010 031 \*\*\*150.00

**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.**

**3. Mailing Address**  
**348 N. Eglin PKwy.**

DO NOT WRITE IN THIS SPACE

**City & State**  
**FORT WALTON, Fla**

**City & State**  
**FORT WALTON, Fla**

**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 **DATE** 4-1-02

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>KELLY, DONNA K</b> <b>203 SHALIMAR DR</b> <b>SHALIMAR FL 32579</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BURKEY, PATRICIA</b> <b>206 SOUTH AVE</b> <b>FORT WALTON BEACH FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>KELLY, JAMES W</b> <b>117 WILDWOOD DR</b> <b>SANFORD FL 32773</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Donna K. Kelly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 850-862-4211  
Date Daytime Phone #

CR2E034 (9/01)