

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093632

1. Entity Name

IT'S YOUR PARTY OF TAMPA BAY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90340 014 ***150.00

Principal Place of Business

231 DOUGLAS RD E., UNIT 9
OLDSMAR FL 34677

Mailing Address

231 DOUGLAS RD E., UNIT 9
OLDSMAR FL 34677

2. Principal Place of Business

IT'S "YOUR" PARTY

3. Mailing Address

231 DOUGLAS RD #9

Suite, Apt. #, etc.

231 DOUGLAS RD #9

Suite, Apt. #, etc.

OLDSMAR FL

City & State

OLDSMAR FL

City & State

Zip

34677

Country

PINELLAS

Zip

34677

Country

PINELLAS

4. FEI Number

59-3674544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMANDO, MICHAEL
231 DOUGLAS RD E., UNIT 9
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

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

City

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's signature required upon 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
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
LAMANDO, MICHAEL
231 DOUGLAS RD E., UNIT 9
OLDSMAR FL 34677 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
SALLY MILANO
231 DOUGLAS RD #9
OLDSMAR FL 34677 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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TITLE
NAME
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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:

Sally Milano President

Date

April 19, 2001 855-8930

Daytime Phone #

CR2E034 (10/00)