

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90039 008 ***150.00

DOCUMENT # P00000093632

1. Entity Name

IT'S YOUR PARTY OF TAMPA BAY, INC.

Principal Place of Business

IT'S "YOUR" PARTY

~~231 DOUGLAS RD #9~~

OLDSMAR FL 34677

Mailing Address

~~231 DOUGLAS RD E UNIT 9~~

OLDSMAR FL 34677



2. Principal Place of Business

IT'S "YOUR" PARTY

Suite, Apt. #, etc.
 107 E DUNBAR AVE

3. Mailing Address

107 E DUNBAR AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FEI Number

59-3674544

Applied For

Not Applicable

Zip

34677

Country

USA

Zip

34677

Country

USA

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

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

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 MILANO, SALLY
 231 DOUGLAS RD #9
 OLDSMAR FL 34677 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ 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:

X Sally Milano: RESIDENT MILANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X April 25, 2002
 Date

Daytime Phone #

CR2E034 (9/01)