

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050662

1. Entity Name

PARTY CREATIONS BY TRACY, INC.

Principal Place of Business

682 SOUTH FERDON BLVD
CRESTVIEW FL 32536

Mailing Address

682 SOUTH FERDON BLVD
CRESTVIEW FL 32536

2. Principal Place of Business

380 N. Main St.
Suite, Apt. #, etc.

3. Mailing Address

380 North Main St.
Suite, Apt. #, etc.

City & State

Crestview, FL

Zip
32536

Country
U.S.

City & State

Crestview, FL

Zip
32536

Country
U.S.



Amended

DO NOT WRITE IN THIS SPACE

(593713727)

zh

4. FEI Number

56-02-038521-55-0

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAHILL, TRACY L

682 SOUTH FERDON BLVD
CRESTVIEW FL 32536

Cahill, Tracy L.
380 North Main Street
Crestview, FL 32536

Name

Cahill, Tracy L.

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

380 North Main Street

City

Crestview,

FL

Zip Code

32536

7. Name and Address of New Registered Agent

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAHILL, TRACY L 5633 BUCK WARD ROAD BAKER FL 32531	<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
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2034 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #