

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90274 001 ***150.00

DOCUMENT # P02000112352

1. Entity Name
PARTY SHOP MALL, INC.



Principal Place of Business
P.O. BOX 1356
SEBRING FL 33871

Mailing Address
P.O. BOX 1356
SEBRING FL 33871

44003000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRELL, EDUARDO
500 S FLORIDA AVE STE 330
LAKELAND FL 33801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **WELLS, WILLIAM T**
STREET ADDRESS **PO BOX 7840**
CITY-ST-ZIP **LAKELAND FL 33807**

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

TITLE **D** ☐ **Delete**
NAME **HAYNES, SUSAN**
STREET ADDRESS **2801 SNYDER ROAD**
CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **D** ☐ **Delete**
NAME **FITCH, DONNA**
STREET ADDRESS **839 GARLAND AVE**
CITY-ST-ZIP **SEBRING FL 33875**

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

TITLE **D** ☐ **Delete**
NAME **BARHITE, SUE**
STREET ADDRESS **1330 5TH AVE**
CITY-ST-ZIP **SEBRING FL 33875**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03

Daytime Phone #

863-655-0351

CR2E034 (10/02)

Attachment 44003886
#P02000112352
The Law Office of
CHARLANN JACKSON SANDERS, P. A.

Executive Plaza, Suite 22-B
4406 South Florida Avenue
Lakeland, FL 33813
(863) 648-1020
fax: (863) 647-1030

Mailing Address:
P. O. Box 7203
Lakeland, FL 33807
e-mail: Cjackson@aol.com

June 2, 2003

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302

RE: Law Office of Charlann Jackson Sanders, PA
Ref. #: P02000099573

Dear Sirs:

Enclosed please find the corrected Uniform Business Report, including the requested FEI number.

Thank you.

Sincerely,


Charlann Jackson Sanders, Esq.