

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013710

1. Entity Name

A PARTYWORLD OF SOUTHWEST FLORIDA, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90078 044 ***150.00

Principal Place of Business 1920 VIRGINIA AVE 1603A FT MYERS FL 33901 US	Mailing Address 1920 VIRGINIA AVE 1603A FT MYERS FL 33901 US
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A0023557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5365 Fairfield Way		3. Mailing Address 5365 Fairfield Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Myers, FL.		City & State Ft. Myers, FL.	
Zip 33919-2201	Country USA.	Zip 33919-2201	Country USA

4. FEI Number 59-2455532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLEASON, FRANCIS P 5365 FAIRFIELDWAY FORT MYERS FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Francis P. Gleason*
Signature, typed or printed name of registered agent and title if applicable.

2/12/01
DATE

(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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GLEASON, FRANCIS P 5365 FAIRFIELDWAY FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GLEASON, ESTHER T 5365 FAIRFIELD WAY FORT MYERS FL 33919 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Francis P. Gleason*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01
Date

941-275-5585
Daytime Phone #

CR2E034 (10/00)