

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90127 003 ***150.00

DOCUMENT # P93000082516

1. Entity Name
PARTY TIME, INC.



Principal Place of Business
**1119 KEY PLAZA
KEY WEST FL 33040
US**

Mailing Address
**3212 EAGLE AVENUE
KEY WEST FL 33040**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0455368**

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

**HIGBIE, CHARLES E
3212 EAGLE AVENUE
KEY WEST FL 33040**

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 reinstating)

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	<input type="checkbox"/> Delete
NAME	HIGBIE, CHARLES E	
STREET ADDRESS	3212 EAGLE AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HIGBIE, VALERIE L.	
STREET ADDRESS	3212 EAGLE AVE.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPRIESER, PHYLLIS J	
STREET ADDRESS	5500 FIELDSTON RD.	
CITY-ST-ZIP	BRONX NY 10471	
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CITY-ST-ZIP		

CR2E034 (10/02)

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: *Charles E Higbie* **Charles E Higbie Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03

Date

305-296-7081

Daytime Phone #