

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90259 036 \*\*\*550.00

0145527 SP

**DOCUMENT # P94000006582**

1. Entity Name  
**PARTYWORKS FLORIDA, INC.**

Principal Place of Business  
**17600 S.R. 50**  
**WINTER GARDEN FL 34787**  
**US**

Mailing Address  
**17600 S.R. 50**  
**WINTER GARDEN FL 34787**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2151 Ocoee Apopka Rd.**

3. Mailing Address

**P.O. Box 846**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Apopka, FL**

City & State  
**Ocoee, FL**

4. FEI Number  
**59-3221162**

Applied For  
 Not Applicable

Zip  
**32703**

Country

Zip  
**34761**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HERZIG, KERRY**  
**316 E. GENEVA STREET**  
**OCOEE FL 34761**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**P**  
**HERZIG, PETER J**  
**316 E. GENEVA ST.**  
**OCOEE FL 34761**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**HERZIG, KERRY L**  
**316 E. GENEVA ST.**  
**OCOEE FL 34761**

☐ Delete

TITLE  
 NAME  
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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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 CITY-ST-ZIP  
☐ 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (5/01)