

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037235

1. Entity Name

AWESOME PARTY SALES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90136 016 \*\*\*150.00

Principal Place of Business

1145 CAPRICORN BLVD  
PUNTA GORDA FL 33983  
US

Mailing Address

P. O. BOX 510478  
PUNTA GORDA FL 33951-0478  
US

2. Principal Place of Business

209 SAN MARCO DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

Zip

Country

34285

USA

4. FEI Number

65-0491773

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

SMOAK, MARY P.  
1145 CAPRICORN BLVD  
PUNTA GORDA FL 33983

Name SMOAK, MARY P.

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

26172 DEEP CREEK BLVD

City PUNTA GORDA FL Zip Code 33983

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

Mary P. Smoak MARY P. SMOAK 4/14/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT ☐ Delete  
NAME SMOAK, GLEN  
STREET ADDRESS 1145 CAPRICORN BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE VT ☒ Change ☐ Addition  
NAME SMOAK, GLEN  
STREET ADDRESS 26172 DEEP CREEK BLVD  
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE P ☐ Delete  
NAME SMOAK, MARY  
STREET ADDRESS 1145 CAPRICORN BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE P ☒ Change ☐ Addition  
NAME SMOAK, MARY  
STREET ADDRESS 26172 DEEP CREEK BLVD  
CITY-ST-ZIP PUNTA GORDA, FL 33983

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  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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:

GLEN SMOAK 4/14/00 941 746 7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)