

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90017 050 ***150.00

DOCUMENT # P94000060104

1. Entity Name
PARTY CRACKERS, INC.

Principal Place of Business
670 W. MONTROSE STREET
CLERMONT, FL. 34711

Mailing Address
POST OFFICE BOX 12-1062
CLERMONT FL 34712
US

A0078501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3259237**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLOWERS, JANICE
15840-215 ST. RD. 50
CLERMONT FL 34711

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FLOWERS, JANICE**
STREET ADDRESS **15840-215 STATE ROUTE 50**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
P94000060104
A0078501

Assured Accounting Services, Inc.

240 Mohawk Road
Clermont, Florida 34711

352-394-4048

Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159

352-753-1337

Fax 352-753-9336

September 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Party Crackers, Inc.
59-3259237

Dear Sir or Madam:

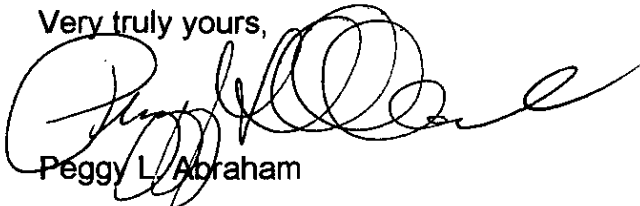
Enclosed please find the Uniform Business Report for the above referenced corporation. Also enclosed is a check in the amount of \$150.00.

There was a buy out of stockholders, which occurred in 2000. The stockholder who left was in charge of the accounting and accounts payable. She did not change the mailing address of this corporation. Mrs. Flowers did not receive the first Uniform Business Report sent.

We are respectfully requesting that the penalty of \$400.00 be abated due to this problem. This would be a financial strain for this company.

Kindly consider our request.

Very truly yours,



Peggy L. Abraham

PLA: wb
Enclosure