

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078862

1. Entity Name

PARTY CITY OF BRADENTON, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90034 012 ***150.00

Principal Place of Business

Mailing Address

4475 14TH ST W
BRADENTON FL 34207
US

4475 14TH ST
BRADENTON FL 34207-1400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3289149**

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

SMITH, DIANE W
4475 14TH STREET W
BRADENTON FL 34207

Name **EDWARD K SMITH**

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

4475 14th STREET W

City **BRADENTON**

FL

Zip Code **34207**

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 \$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 **P** ☐ Delete
NAME **WOLFE, WILLIAM A**
STREET ADDRESS **1177 NO. DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **V** ☐ Delete
NAME **WOLFE, ELIZABETH J**
STREET ADDRESS **1177 NO. DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **S** ☐ Delete
NAME **SMITH, DIANE W**
STREET ADDRESS **6115 56TH TERRACE EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **T** ☐ Delete
NAME **WOLFE, MARK W**
STREET ADDRESS **1115 MARIGOLD DRIVE**
CITY-ST-ZIP **BRADENTON FL 34202**

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

TITLE **V** ☐ Delete
NAME **SMITH, EDWARD K**
STREET ADDRESS **6115 56TH TERRACE E**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE ☐ Delete
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 941.727.8887

CR2E034 (01/01/00)