

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91096 014 ***150.00

DOCUMENT # P94000085786

1. Entity Name

GABRIELL'S PARTY SUPPLIES INC.

DO NOT WRITE IN THIS SPACE

90054461

 2. Principal Place of Business
1301 W GARDEN ST

Suite, Apt. #, etc.

 3. Mailing Address
1301 W GARDEN ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

 City & State
PENSACOLA FL 32501

 City & State
PENSACOLA FL 32501

 4. FEI Number
62-1591663

 Applied For
Not Applicable

 Zip Country
ESCAMBIA

 Zip Country
ESCAMBIA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

 Name
BASS & SANDFORT

 Street Address (P.O. Box Number is Not Acceptable)
1301 W GARDEN ST

 City Zip Code
PENSACOLA FL 32501

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

1/9/02

 9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

 January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME COLEMAN, PATRICIA B
STREET ADDRESS 4125 ARGENTA WAY
CITY - ST - ZIP PENSACOLA FL 32504

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia B Coleman PATRICIA B. COLEMAN

3/10/03

(28) 255-5160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #