

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000086345

1. Entity Name

MERLYN THE PARTY WIZARD, INC.

**FILED****Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90016 017 \*\*\*158.75

0446510

Principal Place of Business

Mailing Address

1592 LAKE BEND PLACE  
ORANGE PARK FL 320731592 LAKE BEND PLACE  
ORANGE PARK FL 32073

00004401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1592 LAKE BEND PLACE

3. Mailing Address

1592 LAKE BEND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

ORANGE PARK, FL

City &amp; State

ORANGE PARK, FL

4. FEI Number 65-0560687

Applied For

Not Applicable

Zip

32003

Country

CLAY

Zip

32003

Country

CLAY

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAMRADT, RUSSELL W  
1592 LAKE BEND PLACE  
ORANGE PARK FL 32073

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 \$150.00**  
**After MAY 1, 2001 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

TITLE	V	<input type="checkbox"/> Delete
NAME	KAMRADT, RUSSELL W	
STREET ADDRESS	1592 LAKE BEND PLACE	
CITY - ST - ZIP	ORANGE PARK FL 32073	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAMRADT, KATHERINE I	
STREET ADDRESS	1592 LAKE BEND PLACE	
CITY - ST - ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Russell W. Kamradt 1/10/01 (904) 269-7363

Date

Daytime Phone #

CR2E034 (10/00)