

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90121 030 ***150.00

DOCUMENT # P94000086345

1. Entity Name

MERLYN THE PARTY WIZARD, INC.



Principal Place of Business

**1505 WINSTON LANE
ORANGE PARK FL 32003**

Mailing Address

**1505 WINSTON LANE
ORANGE PARK FL 32003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0560687**

Applied For

Not Applicable

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 **KAMRADT, Russell W.**

Street Address (P.O. Box Number is Not Acceptable)
1505 WINSTON LANE

City **ORANGE PARK**

FL

Zip Code
32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Russell W. Kamradt

Russell W. KAMRADT

3/5/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **KAMRADT, RUSSELL W**
STREET ADDRESS **1592 LAKE BEND PLACE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **P** ☐ Delete
NAME **KAMRADT, KATHERINE I**
STREET ADDRESS **1592 LAKE BEND PLACE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1505 WINSTON LANE**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1505 WINSTON LANE**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Russell W. Kamradt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/03 (904) 269-7363

CR2E034 (10/02)