

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90103 020 \*\*\*150.00

**DOCUMENT # P95000000433**

1. Entity Name

THE ART OF THE PARTY, INC.



Principal Place of Business

13725 N 12TH ST  
TAMPA FL 33613  
US

Mailing Address

13725 N 12TH ST  
TAMPA FL 33613  
US

20026631

2. Principal Place of Business

7552 Chancellor Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32809

Country

USA

3. Mailing Address

7552 Chancellor Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32809

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3291567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTACREU, JEAN-MICHEL

13725 NORTH 12TH ST  
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

Santacreu, Jean-Michel

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

7552 Chancellor Dr.

Suite 200

City

Orlando

FL

Zip Code

32809

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

*[Signature]*

Signature of person printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/03

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 **P** ☐ Delete  
NAME **SANTACREU, JEAN-MICHEL**  
STREET ADDRESS **2933 W KNIGHTS AVE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VP** ☐ Delete  
NAME **POSDAMER, MARIAN**  
STREET ADDRESS **188 LINCOLN HWY SUITE 202**  
CITY-ST-ZIP **FAIRLESS HILLS PA 19030**

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 **Santacreu, Jean-Michel**  
STREET ADDRESS **7552 Chancellor Dr.**  
CITY-ST-ZIP **Orlando, FL 32809**

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

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

CR2E034 (10/02)

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:

*[Signature]*

SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/18/03 321-281-2800