

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90005 013 ***150.00

DOCUMENT # P95000027581

1. Entity Name

SLUSH PARTY, INC.

Principal Place of Business

~~2190 GROVE PLACE~~
CLEARWATER FL 33764
US

Mailing Address

~~2190 GROVE PLACE~~
CLEARWATER FL 33764
US

2. Principal Place of Business

1326 VIEWTOP DR
 Suite, Apt. #, etc.

3. Mailing Address

1326 VIEWTOP DR.
 Suite, Apt. #, etc.

City & State

CLWTR FL

City & State

CLWTR FL

4. FEI Number

59-3335969

Applied For

Not Applicable

Zip

Country

33764

USA

Zip

Country

33764

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLEBOE, CHARLES R
2790 SUNSET POINT RD
CLEARWATER FL 34619

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, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BARRETT, THOMAS A**
 CITY-ST-ZIP **109 WOODCREEK DR S 1326 VIEWTOP DR**
SAFETY HARBOR FL 34695 CLWTR FL 33764

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **BARRETT, LYNDIA S**
 CITY-ST-ZIP **109 WOODCREEK DR S 1326 VIEWTOP DR**
SAFETY HARBOR FL 34695 CLWTR FL 33764

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

4/14/02 727-532-9500
 Date Daytime Phone #

CR2E034 (9/01)