

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029145

1. Entity Name

PARTY PEOPLE, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90002 028 ***400.00

06-20-2000 90016 046 ***150.00

Principal Place of Business
3234 S FLA AVE
LAKELAND FL 33803
US

Mailing Address
3234 S FLORIDA AVE
LAKELAND FL 33803-4564
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. J

Suite, Apt. #, etc. J

City & State

City & State

4. FEI Number 59-3306762

Applied For
Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRINGTON, THERESE R.
2626 ELIZABETH PL
LAKELAND FL 33813

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 re-registering)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ARRINGTON, THERESE R	
STREET ADDRESS	2626 ELIZABETH PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ARRINGTON, CLINT	
STREET ADDRESS	2626 ELIZABETH PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 863-647-1577