2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000103588

1. Entity Name

PARTY MARKET INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90068 008 ***150.00

			SOO WE THE		
	e of Business NGE BLOSSOM TRAIL 32837	Mailing Address 9421 S. ORANGE BLO ORLANDO FL 32837	DSSOM TRAIL	 	21071 3 0700 17201 0 1101 40701 1011 4001
2. Principal Place of Business		3. Mailing Address			[[B]]
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3430513 Applied For	
Zip	Country	Zìp	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
!	6. Name and Address of Curre	nt Registered Agent		_7. Name and Address of New Register	Fee Required
			Name		ou Agont
	UBER, OSKAR		Street Address	s (P.O. Box Number is Not Acceptable)	
	STOVER CLUB CIRCLE				
WINDERM	ERE FL 34786				
•		•	City		Zip Code
8. The above	named entity submits this statement	for the purpose of changing	its registered office or regist	ered agent, or both, in the State of Florida. I	· -
the obligati	ons of registered agent.			See again, or sour, in the state of Honda.	arritarina vini, and decept
SIGNATURE _					
	Signature, typed or printed name of registered age	nt and title if applicable. (N	JOTE: Registered Agent signature requir	red when reinstating) DA	TE
FI	LE NOW!!! FEE IS \$150.00				
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	***************************************	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	KLEINSTEUBER, OSKAR	-	NAME		
CITY-ST-ZIP	9305 WESTOVER CLUB CIRCL WINDERMERE FL 34786	5	STREET ADDRESS CITY-ST-ZIP	•	Į.
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KLEINSTEUBER, MARYANN	Delete	NAME		
STREET ADDRESS	9305 WESTOVER CLUB CIRCLI	E	STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		CITY-ST-ZIP		
TITLE		Delete		ے عدد پیمان کے استفادہ التقید	Change
NAME STREET ADDRESS			NAME Street Address		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	□ Delete	TITLE		Change Addition
NAME			NAME		Change C. Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		***	CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		}
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		Change Addition
NAME			NAME		Grange //dointon
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby co- indicated of of the corp changed, of	the information supplied will if or supplemental report the receiver or trustee employees acomical with an address,	th this filing does not qualify it is true and accurate and that powered to execute this repo with all other like empowere	for the exemption stated in S t my signature shall have the rt as required by Chapter 60 ti.	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; tha 7, Florida Statutes; and that my name appea	certify that the information t I am an officer or director rs in Block 10 or Block 11 if

SIGNATUR.

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 into r 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 he 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 he receiver or trustee empowered to execute the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver ecute this repo ike empowere

> ₩ 0 L GIGNING OFFICER OR DIRECTOR