

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 022 ***150.00

DOCUMENT # P98000029879

1. Entity Name
PARTY CAPERS, INC.

Principal Place of Business 4966 HARVEY GRANT ROAD ORANGE PARK FL 32073	Mailing Address 4966 HARVEY GRANT ROAD ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7716 Praver Dr. W Suite, Apt. #, etc.	3. Mailing Address POBox 23448 Suite, Apt. #, etc.
City & State Jacksonville, FL 32217	City & State Jacksonville, FL

4. FEI Number **59-3514153** Applied For
 Not Applicable

Zip 32217 Country Duval	Zip 32241 Country Duval
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MELTON, SAUNDRA D
4966 HARVEY GRANT ROAD
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name **Alicia C. Towkach**
 Street Address (P.O. Box Number is Not Acceptable)
7716 Praver Dr West
 City **Jacksonville** FL Zip Code **32217**

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 *Alicia C. Towkach* **2/16/2000**
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, 2000 Fee will be \$350.00
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 NAME PSD MELTON, SAUNDRA D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4966 HARVEY GRANT ROAD	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE NAME PSD Towkach, Alicia C	<input type="checkbox"/> Delete
STREET ADDRESS 7716 Praver Drive West	
CITY-ST-ZIP Jacksonville, FL 32217	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME President Alicia C. Towkach	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7716 Praver Drive West	
CITY-ST-ZIP Jacksonville, FL 32217	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Alicia C. Towkach* **2/16/2000** **737-0400**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)