

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081399

1. Entity Name

PARTY BUS, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90111 014 \*\*\*150.00

Principal Place of Business

Mailing Address

13800 US HWY 19N  
CLEARWATER FL 33764

13800 US HWY 19N  
CLEARWATER FL 33764-7236

1625 S. MYRTLE AVE  
CLEARWATER, FL 33756

1625 S. MYRTLE AVE  
CLEARWATER, FL 33756

041123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1625 S. MYRTLE AVE  
Suite, Apt. #, etc.

1625 S. MYRTLE AVE  
Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3534805

Applied For

Not Applicable

Zip

33756

Country

Pinellas

Zip

33756

Country

Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, DENNIS  
13800 US 19 N  
CLEARWATER FL 33712

Name: mark, Holiday  
Street Address (P.O. Box Number is Not Acceptable): 1625 South Myrtle

City: Clearwater FL Zip: 33756

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, block or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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: D  
NAME: CAMPBELL, DENNIS W  
STREET ADDRESS: 13800 US HWY 19 N  
CITY-ST-ZIP: CLEARWATER FL 33764 ☒ Delete

TITLE: President/owner  
NAME: mark T. Holiday  
STREET ADDRESS: 1625 S. MYRTLE AVE  
CITY-ST-ZIP: Clearwater, FL 33756 ☒ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)