

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000091705

1. Entity Name

Party On, Inc.



FILED

04 MAY -6 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7228 55th Avenue East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

4. FEI Number

59-3544142

Applied For

Not Applicable

Zip

34203

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Reinicke, Stephanie A.

Street Address (P.O. Box Number is Not Acceptable)

1800 Second St.

City

Sarasota

FL

Zip Code

34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Quillen, Michael L.
STREET ADDRESS	7228 55th Avenue East
CITY-ST-ZIP	Bradenton, FL 34203
TITLE	D
NAME	Gowan, Michael T.
STREET ADDRESS	7228 55th Avenue East
CITY-ST-ZIP	Bradenton, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	800036273638
CITY-ST-ZIP	05/13/04--01067--014 **150.00
TITLE	
NAME	
STREET ADDRESS	800036273638
CITY-ST-ZIP	05/13/04--01067--015 **750.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Gowan* MICHAEL GOWAN

Date

4/13/04

Daytime Phone #

941-923-8896

CR2E034B (12/02)