

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

01-17-2003 90040 009 ***150.00

DOCUMENT # P99000038438

1. Entity Name
PARTY BARN, INC.



Principal Place of Business
**1036 DUNN AVE. STE. 44
JACKSONVILLE FL 32218**

Mailing Address
**1036 DUNN AVE. STE. 44
JACKSONVILLE FL 32218**

2. Principal Place of Business

1036 Dunn Ave #42

Suite, Apt. #, etc.

42

City & State

Jacksonville, FL

Zip

32218

Country

USA

3. Mailing Address

1036 Dunn Ave

Suite, Apt. #, etc.

42

City & State

Jacksonville, FL

Zip

32218

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3571297**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NGUYEN, PETER H
1036 DUNN AVE. STE. 42
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	NGUYEN, PETER H	
STREET ADDRESS	1036 DUNN AVE STE. #42	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SOVT	<input type="checkbox"/> Delete
NAME	NGUYEN, THUY T	
STREET ADDRESS	1036 DUNN AVE STE #42	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 603, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THUY NGUYEN

1/10/03

904-765-2099

Date

Daytime Phone #

CR2E034 (10/02)