

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041847

1. Entity Name

PARTY BUS USA, INC.

Principal Place of Business

Mailing Address

7850 ULMERTON ROAD
STE 8
LARGO FL 33771

7850 ULMERTON ROAD
STE 8
LARGO FL 33771

2. Principal Place of Business

2. Mailing Address

2435 U.S. Hwy 19

2435 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 220

STE 220

City & State

City & State

HOLIDAY, FL

HOLIDAY, FL

Zip

Country

Zip

Country

34691

US

34691

US

6. Name and Address of Current Registered Agent

4. FEI Number 59-3597145

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name GEIGER, William Z

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

2435 U.S. Hwy 19

Suite 220

City HOLIDAY, FL

FL 34691

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 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, 2001 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

TITLE D
NAME GEIGER, WILLIAM
STREET ADDRESS 12600 SOUTH BELCHER ROAD SUITE 104C
CITY-ST-ZIP LARGO FL 33773 ☐ Delete

TITLE D
NAME MILLER, J. ALLAN
STREET ADDRESS 12600 SOUTH BELCHER ROAD SUITE 104C
CITY-ST-ZIP LARGO FL 33773 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GEIGER, WILLIAM ☒ Change ☐ Addition
STREET ADDRESS 2435 U.S. Hwy 19 STE 220
CITY-ST-ZIP HOLIDAY, FL 34691

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90088 012 ***150.00



DO NOT WRITE IN THIS SPACE

0372535

CR2E034 (10/00)