

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90055 045 ***150.00

DOCUMENT # P99000075985

1. Entity Name
PARTY SOLUTIONS, INC.

Principal Place of Business
**3591 SW MASILUNAS ST.
 PORT ST. LUCIE FL 34953**

Mailing Address
**3591 SW MASILUNAS ST.
 PORT ST. LUCIE FL 34953**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3228 Memory Lane
 Suite, Apt. #, etc.

3. Mailing Address

3228 Memory Ln
 Suite, Apt. #, etc.

City & State
Ft. Pierce, FL

Zip
34981

County
St. Lucie

City & State
Ft. Pierce, FL

Zip
34981

County
St. Lucie

4. FEI Number
65-0944031

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAINÉ, DANA
 3591 SW MASILUNAS ST.
 PORT ST. LUCIE FL 34953**

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.

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, 2002 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 **DDST**
 NAME **LAINÉ, DANA** ☐ Delete
 STREET ADDRESS **3591 SW MASILUNAS ST**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DDST**
 STREET ADDRESS **Lainé, Dana**
 CITY-ST-ZIP **3228 Memory Ln**
Ft Pierce, FL 34981 ☐ Change ☐ Addition

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 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 another like empowered.

SIGNATURE: **Dana Laine** **Dana Laine** 4/29/02 370-3909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)