

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 020 ***150.00

DOCUMENT # S81535

1. Entity Name

Party More, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4870 S. Tamiami Trail

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL 34231

Zip

Country

4. FEI Number

65-0312035

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Reinicke, Stephanie A.

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

1800 Second St. Ste 803

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.

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Quillen, Michael L.
STREET ADDRESS	3914 Prairie Dunes Dr.
CITY-ST-ZIP	Sarasota, FL 34238
TITLE	V.P.
NAME	Gowan, Michael T.
STREET ADDRESS	1814 Upper Cove Terrace
CITY-ST-ZIP	Sarasota, FL 34231
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Gowan

Michael T. Gowan

4/17/02

941-923-8896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

ATTACH # 381535 / 644080

4/12/02
NUM: S81535 ST: FL ACTIVE/FL PROFIT FLD: 09/19/1991 12:07 PM
LAST: REINSTATEMENT FLD: 10/01/1993
FEI#: 65-0312035
NAME : PARTY MORE, INC.
PRINCIPAL: 4870 S. TAMiami TRAIL
ADDRESS SARASOTA, FL 34231
RA NAME : REINICKE, STEPHANIE A
RA ADDR : 1800 SECOND STREET, STE. 803
SARASOTA, FL 34236 US
ANN REP : (1999) AN 03/31/99 (2000) A 03/10/00 (2001) A 04/11/01
CHANGED: 10/01/93
NAME CHG: 05/01/95
ADDR CHG: 05/01/95

4/12/02
CORP NUMBER: S81535 OFFICER/DIRECTOR DETAIL SCREEN
TITLE: P NAME: QUILLEN, MICHAEL L
3914 GRAIRIE DUNES DR
SARASOTA, FL
TITLE: VP NAME: GOWAN, MICHAEL T
1814 UPPER COVE TERRACE
SARASOTA, FL
12:07 PM

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----