


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

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DOCUMENT # K78859  
1. Entity Name  
Balcavage Custom Furniture & Cabinetry



FILED  
03 NOV 26 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
125 B East Drive  
Suite, Apt. #, etc.

3. Mailing Address  
c/o Balcavage  
312 Trinidad St  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
W Melbourne FL

City & State  
Satellite Beach FL

4. FEI Number  
59-2947773

Applied For  
Not Applicable

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

Zip Country Zip Country  
32904 USA 32937 USA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Greg Balcavage

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

City  
Satellite Beach FL Zip Code  
32937

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P Greg Balcavage 125 B East Dr Melbourne FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300025074393 11/26/03--01059--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Turek 125 B East Drive Melbourne FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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: Greg Balcavage 11/21/03 321-733-7707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**Balcavage Custom Furniture & Cabinetry, Inc.**  
C/o Balcavage  
312 Trinidad St  
Satellite Beach FL 32937

November 21 , 2003

Division of Corporation  
PO Box 6227  
Tallahassee, FL 32314

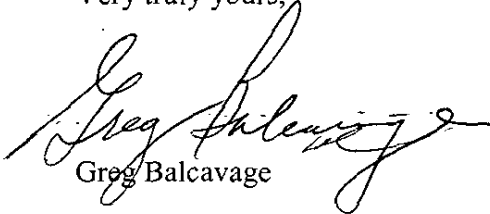
RE: UBR for Balcavage Custom Furniture & Cabinetry, Inc.

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report.

I thank you for your help in this matter.

Very truly yours,

  
Greg Balcavage