

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90091 036 \*\*\*150.00

**DOCUMENT # L13419**



1. Entity Name  
**TOTAL DYNAMIC BALANCE, INC.**

Principal Place of Business  
**1471 SW 30 AVE  
#7  
DEERFIELD BEACH FL 33442  
US**

Mailing Address  
**PO BOX 4187  
DEERFIELD BCH FL 33442  
US**

**70011764**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0150262</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>JENISON, ERIC</b> <b>600 NW 45TH AVE</b> <b>DEERFIELD BEACH FL 33442</b>				Name <b>JENISON, ERIC</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1471 SW 30 AVE # 7</b>			
				City <b>DEERFIELD BEACH</b>		<b>FL</b>	

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 \_\_\_\_\_ (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENISON, ERIC T.			NAME	JENISON, ERIC T.		
STREET ADDRESS	600 NW 45TH AVE			STREET ADDRESS	1471 SW 30 AVE, # 7		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENISON, LINDA			NAME	JENISON, LINDA		
STREET ADDRESS	600 NW 45TH AVE			STREET ADDRESS	1471 SW 30 AVE, # 7		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 607, 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: ERIC JENISON 1-14-03 954-425-0764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)