

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90128 012 ***150.00

DOCUMENT # 347019

1. Entity Name
BALANCED SECURITY PLANNING INC

Principal Place of Business Mailing Address
 2804 DEL PRADO BLVD #101 2804 DEL PRADO BLVD #101
 CAPE CORAL FL 33904-4262 CAPE CORAL FL 33904-4262

957939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1259258** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSH, EDWIN
4990 MARLINSPIKE CT. # 202
FORT MYERS FL 33919

Name
Marie Walsh
 Street Address (P.O. Box Number is Not Acceptable)
4990 Marlinspike Ct #202
Fort Myers, FL 33919
 City 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 Marie Walsh **Marie Walsh, PDVST**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-instating) 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 \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, EDWIN C 4990 MARLINSPIKE CT. # 202 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WALSH, MARIE 4990 MARLINSPIKE CT # 202 FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walsh, Marie 4990 Marlinspike Ct #202 Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: Marie Walsh **Marie Walsh, President**

4/17/01

941-549-1615

Date: Daytime Phone #

CR2E034 (10/00)