

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	WALSH, EDWIN C		
4990 MARLINSPIKE CT. # 202	FORT MYERS FL 33919		
VST	WALSH, MARIE	PDVST	Walsh, Marie
4990 MARLINSPIKE CT # 202	FORT MYERS FL 33919	4990 Marlinspike Ct #202	Fort Myers, FL 33919

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** 4/17/01 941-519-1615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)