## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 347019

1. Entity Name

BALANCED SECURITY PLANNING INC



## FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90078 003 \*\*\*150.00

Principal Place of Business 2804 DEL PRADO BLVD #101 CAPE CORAL FL 33904-4262			Mailing Address 2804 DEL PRADO BLVD #101 CAPE CORAL FL 33904-4262									
2. Principal Place of Business			3. Mailing Address					[	B  B    B  B  B  B  B  B  B  B  B  B	II <b>416</b> 1) <b>6</b> 1611 <b>T</b>	1811 61811 1601	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				<b>4.</b> F	El Number 59-1259258	3	_ <del> </del>	oplied For ot Applicable	
Zip	Country			Zip Count			5. (	5. Certificate of Status Desired   \$8.75 Addition Fee Required			ditional	
	6. Name	and Address of Current	Registered Agent				7. 1	Name and Address of New	Registered A	gent		
WALSH, MARIE 4990 MARLINSPIKE CT. # 202 FORT MYERS FL 33919						Street Address (P.O. Box Number is Not Acceptab						
FORT WITE	LNO I E SO	,10							FL	Zip Cod	e	
	tions of regis					d office or rec		ent, or both, in the State of F	lorida. I am fa	amiliar with,	and accept	
After Make Check	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of OFFICERS AND					ΑC	Glection Campaign F     Trust Fund Contributi  DDITIONS/CHANGES TO OF	ion.	Adde	May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DINECTO	☐ Delete	TITLE NAME STREE		7.5	30110101010101111110000		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T I			,	Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		12172		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ) <del>540</del>		☐ Delete					1,110	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP				☐ Delete			-			☐ Change	☐ Addition	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 239-549-1615

e Daytime F

CR2E034 (10/