

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90751 024 ***150.00

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1. Entity Name

~~BALISE CONSULTING CORPORATION~~

1-800-A New You, Inc.



Principal Place of Business
6939 SYLVAN WOODS DRIVE
SANFORD FL 32771

Mailing Address
6939 SYLVAN WOODS DRIVE
SANFORD FL 32771

2. Principal Place of Business

505 DELTONA BLVD

3. Mailing Address

505 DELTONA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 201

Ste. 201

City & State

City & State

Deltona, FL

Deltona, FL

Zip

Country

Zip

Country

32725 USA

32725 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3035559

Applied For

Not Applicable

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

BALISE, PETER S

6939 SYLVAN WOODS DRIVE
SANFORD FL 32771

Name

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

505 Deltona Blvd, Ste 201

City Deltona

FL

Zip Code

32725

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

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 P, D
NAME BALISE, PETER S
STREET ADDRESS 6939 SYLVAN WOODS DRIVE
CITY-ST-ZIP SANFORD FL 32771

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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, on an attachment with an address, with an other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/03 386-574-7949

CR2E034 (10/02)