


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90074 028 \*\*\*150.00

<b>DOCUMENT #</b> 244021	
<b>1. Entity Name</b> VANDEGRIFF JEWELERS INC	

<b>Principal Place of Business</b> 131 RACETRACK ROAD, NW FORT WALTON BEACH FL 32547 US	<b>Mailing Address</b> P. O. DRAWER 1388 FORT WALTON BEACH FL 32549-1388 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-0919424		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BALANZATEGUI, PATRICIA V 131 RACETRACK ROAD N.W. P.O. DRAWER 1388 FORT WALTON BEACH FL 32549		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD <b>NAME</b> BALANZATEGUI, PATRICIA <b>STREET ADDRESS</b> 131 RACETRACK ROAD, N.W. <b>CITY-ST-ZIP</b> FT. WALTON BEACH FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BALANZATEGUI, ANDREA M <b>STREET ADDRESS</b> 431 WALNUT ST # 2 <b>CITY-ST-ZIP</b> SAN FRANCISCO CA 94118	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 E. Harvard Street Orlando, FL 32804
<b>TITLE</b> STD <b>NAME</b> BALANZATEGUI, W O <b>STREET ADDRESS</b> 131 RACETRACK ROAD, N.W. <b>CITY-ST-ZIP</b> FT. WALTON BEACH FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BALANZATEGUI, WILLIAM C <b>STREET ADDRESS</b> 131 RACETRACK RD NW <b>CITY-ST-ZIP</b> FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> MIMS, DONALD W <b>STREET ADDRESS</b> 131 RACETRACK RD NW <b>CITY-ST-ZIP</b> FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **2/7/03** **(870) 243-3333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)