

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90029 004 ***150.00

DOCUMENT # 421177

1. Entity Name

BALZ ENTERPRISES, INC.

Principal Place of Business

1780 GREENWICH AVE.
 WINTER PARK FL 32789

Mailing Address

1780 GREENWICH AVE.
 WINTER PARK FL 32789-4010
 US

2. Principal Place of Business

Gerald H. Balz
 Suite, Apt., etc.
700 South Riverside Dr.
 City & State
Edgewater, FL 32132

3. Mailing Address

Gerald H. Balz
700 South Riverside Dr.
Edgewater, FL 32132
 City & State

C0032047



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1443409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BALZ, GERALD H
700 SOUTH RIVERSIDE DR
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name **Gerald H. Balz**
 Street Address **700 South Riverside Dr.**
Edgewater, FL 32132
 City **FL** Zip Code **32132**

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

[Signature] **Gerald H Balz** **2-29-00**

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. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALZ, GH	
STREET ADDRESS	1780 GREENWICH AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BALZ, RUTH ANN	
STREET ADDRESS	1780 GREENWICH AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLS, LISA MARIE	
STREET ADDRESS	1780 GREENWICH AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, ROBERT T	
STREET ADDRESS	1780 GREENWICH AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald H. Balz	
STREET ADDRESS	700 South Riverside Dr.	
CITY - ST - ZIP	Edgewater, FL 32132	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Ann Balz	
STREET ADDRESS	700 South Riverside Dr.	
CITY - ST - ZIP	Edgewater FL 32132	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mills Lisa Maria	
STREET ADDRESS	700 South Riverside Dr.	
CITY - ST - ZIP	Edgewater FL 32132	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mills Robert T	
STREET ADDRESS	700 South Riverside Dr.	
CITY - ST - ZIP	Edgewater FL 32132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 empowered.

SIGNATURE:

[Signature] **Gerald H Balz** **2/29/00** **904 4279676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)