

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90123 013 ***150.00

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1. Entity Name

BARBARA BALL & ASSOCIATES, INC.



Principal Place of Business

C/O WIELAND, JEFFREY P
2 S ORANGE AVE
ORLANDO FL 32801
US

Mailing Address

10 DALEGARTH AVE
BOLTON, ENGLAND BL1-5-W

2. Principal Place of Business

40 WIELAND, JEFFREY P.

3. Mailing Address

Suite, Apt. #, etc.

255 SOUTH ORANGE AVE

Suite, Apt. #, etc.

ORLANDO 32801-3483

City & State

City & State

32801

Zip

Country

USA

Country

USA

4. FEI Number **59-2190700**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIELAND, JEFFREY P
2 SO ORANGE AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **WIELAND, JEFFREY P**
Street Address (P.O. Box Number is Not Acceptable)
255 SOUTH ORANGE AVE, Suite 1700
ORLANDO, FLA. 32801-3483
City **ORLANDO, FLA.** **FL** Zip Code **32801**

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

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CANNON, JAMES M	
STREET ADDRESS	499 SR 434 STE 2015	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BALL, GRAHAM	
STREET ADDRESS	FAIRHOLME DALGARTH AVE	
CITY-ST-ZIP	BOLTON, U K 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	BALL, NIGEL S	
STREET ADDRESS	FAIRHOLME DALGARTH AVE	
CITY-ST-ZIP	BOLTON, U K 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANJURJO, RALPH E	
STREET ADDRESS	4041 ROSE PETAL LANE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BALL, BARBARA	
STREET ADDRESS	FAIRHOLME DALGARTH AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)