2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86327

1. Entity Name

IN BALANCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
408 ALMERIA COURT WINTER SPRINGS FL 32708 US	P O BOX 52-1485 LONGWOOD FL 32752 US

2. Principal Place of Business
3286 Safe Harbor Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State La Ke Mary FL

City & State

4. FEI Number **59-2226168**

Applied For / Not Applicable

Zip 32746 | Country USA

Zip | Country

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
MOWINSKI, VICTORIA E 408 ALMERIA COURT WINTER SPRINGS FL 32708	Name James A Mowinski Street Address (P.O. Box Number is Not Acceptable) 3286 Safe Harbor Lane City Lake Mary FL Zip Code 32746

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 _James A Mowinski_ _James A Mowinski_ 1/16/01

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, 2001 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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME MOWINSKI, VICTORIA E STREET ADDRESS 408 ALMERIA COURT CITY-ST-ZIP WINTER SPRINGS FL 32708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE VS NAME MOWINSKI, JAMES A STREET ADDRESS 408 ALMERIA COURT CITY-ST-ZIP WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS 3286 Safe Harbor Lane CITY-ST-ZIP Lake Mary FL 32746	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/00)

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: _James A Mowinski_ _James A Mowinski_ 1/16/01 407-324-5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #