

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90317 019 ***550.00

0159732 IN

DOCUMENT # F97000002986

1. Entity Name

BALLISTIC INVESTMENTS, LTD., INC.



Principal Place of Business

RR1 BOX 1218

COLLINGWOOD, ONTARIO

COLLINGWOOD, ONTARIO CA L9-Y3Y9

Mailing Address

RR1 BOX 1218

COLLINGWOOD, ONTARIO

COLLINGWOOD, ONTARIO CA L9-Y3Y9

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0159006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GLENDINNING, RENE M

1858 RINGLING BLVD

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Kerkering, Barberio & Co. P.A.

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

Certified Public Accountants

1858 Ringling Blvd.

IGNORE

City

Sarasota

FL

Zip Code

34236

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 \$550.00

After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PCS
HARRISON, HEATHER
BOX 1218 RR#1, COLLINGWOOD, ONTARIO
CANADA L9Y 3Y9

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Not a P.O. Box (Heather P. Harrison) Sept 1/03 705-444-1310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)