

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78859

1. Entity Name

BALCAVAGE CUSTOM FURNITURE AND CABINETRY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90023 046 ***150.00

Principal Place of Business

Mailing Address

C/O DONALD J. TUREK
835 B. WASHBURN ROAD
MELBOURNE FL 32934-7332

C/O DONALD J. TUREK
835 B. WASHBURN ROAD
MELBOURNE FL 32934-7332

2. Principal Place of Business

3. Mailing Address

C/O Greg Balcavage

C/O Greg Balcavage

Suite, Apt. #, etc.

Suite, Apt. #, etc.

125B East Dr.

312 Trinidad Dr.

City & State

City & State

West Melbourne, Fl.

Satellite Bch, Fl.

Zip

32904

Country

Zip

32907

Country

4. FEI Number

59-2947773

Applied For

Not Applicable

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

TUREK, DONALD J.
835 B., WASHBURN ROAD
MELBOURNE FL 32935

Name

Balcavage, Gregory

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

312 Trinidad Dr.

City

Satellite Bch

FL

Zip Code

32937

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS TUREK, DONALD J.
CITY-ST-ZIP 835 WASHBURN ROAD 125 B EAST DR.
MELBOURNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS BALCAVAGE, GREGORY
CITY-ST-ZIP 835 WASHBURN ROAD 125 B EAST DR.
MELBOURNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Balcavage

Date

(321) 733-7707

Daytime Phone #

CR2E034 (9/99)