


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # K78859 1. Entity Name Balcavage Custom Furniture & Cabinetry	
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FILED

03 NOV 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 125 B East Drive Suite, Apt. #, etc.	3. Mailing Address c/o Balcavage 312 Trinidad St Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State W Melbourne FL	City & State Satellite Beach FL	4. FEI Number 59-2947773	Applied For Not Applicable
Zip 32904	Country USA	Zip 32937	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Greg Balcavage
Street Address (P.O. Box Number is Not Acceptable) 312 Trinidad Drive
City Satellite Beach 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. 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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Greg Balcavage 125 B East Dr Melbourne FL 32904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Donald Turek 125 B East Drive Melbourne FL 32904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300025074393 11/26/03--01059--007 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Greg Balcavage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03 321-733-7707
Date Daytime Phone #

CR2E034B (12/02)

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Balcavage Custom Furniture & Cabinetry, Inc.
C/o Balcavage
312 Trinidad St
Satellite Beach FL 32937

November 21 , 2003

Division of Corporation
PO Box 6227
Tallahassee, FL 32314

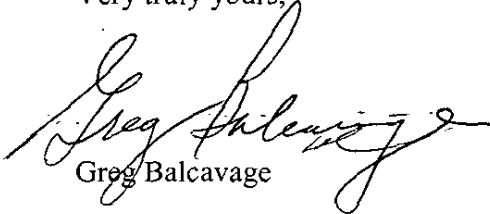
RE: UBR for Balcavage Custom Furniture & Cabinetry, Inc.

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report.

I thank you for your help in this matter.

Very truly yours,


Greg Balcavage