8/4/2002-90160-01

FILED
Sep 30, 2002 8:00 am
Secretary of State
08-04-2002 90160 019 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013127

1. Entity Name
BALZ-CORSO, L.L.C.

Principal Place of Business
1605 E. CENTRAL BLVD.
ORLANDO FL 32803

Mailing Address
1605 E. CENTRAL BLVD.
ORLANDO FL 32803

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 700 S. Riverside Dr
Suite, Apt. #, etc.
City & State: Edgewater Fl
Zip: 32132 Country: Volusia

3. Mailing Address: 700 S. Riverside Dr
Suite, Apt. #, etc.
City & State: Edgewater Fl
Zip: 32172 Country: Volusia

4. FEI Number: 59-3741813 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CORSO, WILLIAM~~
~~1605 E. CENTRAL BLVD.~~
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name: Gerald H Balz
Street Address (P.O. Box Number is Not Acceptable): 700 S. Riverside Dr
City: Edgewater FL Zip Code: 32132

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] Gerald H Balz MGR 8-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BALZ, GERALD 700 S. RIVERSIDE DR. EDGEWATER FL 32132 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CORSO, WILLIAM 1605 E. CENTRAL BLVD. ORLANDO FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Gerald H Balz [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

9-23-02