2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L78658 DOCUMENT

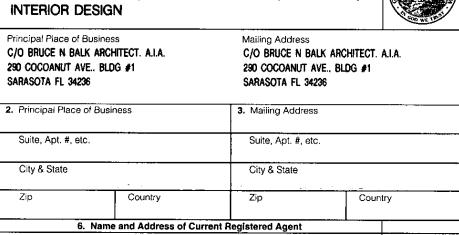
1. Entity Name



Apr 22, 2003 8:00 am Secretary of State 04-22-2003 90069 029 ***150.00

FILED

THE BALK	COMPANY,	INC.	ARCHITE	CTURE /	PLANNING ,
INTERIOR	DESIGN				



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2. Principal Place of Business 3. N		3. Mai	Mailing Address			1 18821011 AIX 1888A 18810 CLIOC ALXB)	TALL BIRN ALAN ALAN DIRN	01411 41011 1001		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State City & State			& State			4. FEI Number 65-0196054	 -	Applied For		
Zip	Coun	ntry Zip	Zip Cou			5. Certificate of Status Desired S8.75 Addition Fee Required		dditional		
	6. Name and Ad	Idress of Current Registere	d Agent		7. Name and Address of New Registered Agent					
BALK, BRUCE N 290 COCOANUT AVE.				Name Street Ac						
	OAITOT ATL.	,								
BLDG #1										
SARASOT	'A FL 34236			City			FL Zip Co.	de		
SIGNATURE	Signature, typed or printed r	name of registored agent and title if appl	BRUC licable. (NOTE:	Registered Agent signatur	XLK ire required wi	nen (pinstating) 9. Election Campaign Fina	4/18 03	00 May Be		
Make Checl	r May 1, 2003 Fee k Payable to Florid	a Department of State				Trust Fund Contribution.	_ ~	ed to Fees		
10.		OFFICERS AND DIRECTOR	RS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11 ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALK, BRUCE N. 290 COCONUT A	VE., BLDG #1	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition		
TITLE	SARASOTA FL	1		CITY-ST-ZIP				- Labor		
NAMÉ			☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS		• •		STREET ADDRESS						
CITY-ST-ZIP		w· , =		CITY-ST-ZIP-						
TITLE		ja j	☐ Delete	TITLE	·		☐ Change	Addition		
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	•		☐ Change	☐ Addition		
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition		

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, we all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition