

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90003 021 ***150.00

DOCUMENT # P00000042567

1. Entity Name

BALLARD AIR FRESHENERS, INC.

(Handwritten initials)

Principal Place of Business

**1310 OLD MILL DR.
 DELTONA FL 32725**

Mailing Address

**1310 OLD MILL DR.
 DELTONA FL 32725**

2. Principal Place of Business

114 AVALON DR

3. Mailing Address

114 AVALON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond By-The-Sea, FL

City & State

Ormond By-The-Sea, FL

Zip

Country

Zip

Country

32176

USA

32176

USA

4. FEI Number

59-365287

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

**BALLARD, JERRY L
 1310 OLD MILL DR.
 DELTONA FL 32725**

Name

BALLARD, JERRY L.

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

114 AVALON DR.

City

Ormond By-The-Sea,

FL

Zip Code

32176

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

(Handwritten signature of Jerry L. Ballard)

JERRY L. BALLARD

7/3/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	BALLARD, JERRY L	
STREET ADDRESS	1310 OLD MILL DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BALLARD, CHERI L	
STREET ADDRESS	1310 OLD MILL DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, JERRY L	
STREET ADDRESS	114 AVALON DR.	
CITY-ST-ZIP	Ormond By-The-Sea, FL 32716	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, CHERI L	
STREET ADDRESS	114 AVALON DR.	
CITY-ST-ZIP	Ormond By The Sea, FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Handwritten signature of Jerry L. Ballard)

7/3/01

386-441-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR9EN34 15/011