

2001 UNIFORM BUSINESS REPORT.(UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-02-2001 90184 026 ***150.00

DOCUMENT # P01000000290

1. Entity Name

BALLON EXPRESS, INC.



Principal Place of Business

Mailing Address

3031 Gardens Blvd.
Naples, FL 34105

3031 Gardens Boulevard
Naples, Florida 34105

2. Principal Place of Business

3031 Gardens Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3031 Garden Blvd.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34105

Country

USA

Zip

34105

Country

USA

4. Entity Number **96171**

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

BARNETT, LISA H
821 FIFTH AVE SOUTH STE 201
NAPLES FL 34102

Name

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

City

FL

Zip Code

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, 2001 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
Pres., Sec., Treasurer, Dir.
 NAME **Marc Lippens**
 STREET ADDRESS **3031 Gardens Blvd.**
 CITY-ST-ZIP **Naples, Florida 34105**

TITLE ☐ Delete
 NAME **Vice President, Dir.**
 STREET ADDRESS **Gerd Andre Lippens**
 CITY-ST-ZIP **3031 Gardens Blvd.**

TITLE ☐ Delete
 NAME **Naples, Florida 34105**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 amendment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)