

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90432 035 ***150.00

DOCUMENT # P01000001262

1. Entity Name
BILL BALL, INC.



Principal Place of Business
**4037 57TH TERRACE
VERO BEACH FL 32966**

Mailing Address
**4037 57TH TERRACE
VERO BEACH FL 32966**



2. Principal Place of Business

3. Mailing Address

1163 N. 13TH SQ

1163 N. 13TH SQ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country

Zip

Country

32960-2101

USA

32960-2101

USA

☒ CHECK HERE IF MAKING CHANGES
(ADDRESS CHANGE)

4. FEI Number

65-1066053

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

**BALL, WILLIAM
4037 57TH TERRACE
VERO BEACH FL 32966**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Bill Ball**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-08-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P BALL, WILLIAM
4037 57TH TERRACE
VERO BEACH FL 32966** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P Ball, William
1163 N. 13TH SQ
VERO BEACH, FL 32960-2101** ☒ Change ☐ Addition
Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE: **S/BILL BALL/RE P/BILL BALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-03

Date

772-778-7990

Daytime Phone #

CR2E034 (10/02)