

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90199 004 ***550.00

DOCUMENT # *P01000096990*

1. Entity Name

G BALMER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1606 Cypress Pointe Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

4. FEI Number

65-1146737

Applied For

Not Applicable

Zip

33071-4268

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Greg Balmer

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

1606 Cypress Pointe Drive

City

Coral Springs

FL

Zip Code

33071-4268

**DO NOT WRITE
IN THIS SPACE**

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

8/06/08

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *DP*
NAME *Greg Balmer*
STREET ADDRESS *1606 Cypress Pointe Drive*
CITY-ST-ZIP *Coral Springs FL 33071-4268*

TITLE *DV*
NAME *Jacquelyn D Balmer*
STREET ADDRESS *1606 Cypress Pointe Drive*
CITY-ST-ZIP *Coral Springs FL 33071-4268*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/02 954-608-7808

Daytime Phone #

Daytime Phone #

CR2E034B (12/01)