## **2003 FOR PROFIT CORPORATION**

## FILED May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000011857 DOCUMENT # 05-01-2003 90290 026 \*\*\*150.00 1. Entity Name BALSYS WOOD ARTS, INC. Principal Place of Business Mailing Address 7141 TALLOW TREE LANE 7141 TALLOW TREE LANE ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address anten Kono X CHECK HERE IF MAKING CHANGES 4. FEI Number 02-054068 Applied For Not Applicable \$8.75 Additional .5.\_Certificate\_of.Status.Desired\_ Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMORAY, LARRY Street Address (P.O. Box Number is Not Acceptable) 7141 TALLOW TREE LANE ORLANDO FL 32835 Zip Code City 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 . Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE Delete NAME LAMORAY, LARRY NAME 7706 BANDWOON HILL CINCLE STREET ADDRESS 7141 TALLOW TREE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME BOHANNON, TOM NAME STREET ADDRESS STREET ADDRESS 7141 TALLOW TREE LANE CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete TITLE Change Change TITLE ☐ Addition 930 Capter Road # 808 Winter Warden, FL 34787 NAME NAME LAMORAY, ERIC STREET ADDRESS ETREET ADDRESS 7141 TALLOW TREE LANE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32835 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with the stilling 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 wit

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-71P