

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90154 035 ***150.00

DOCUMENT # P02000071121.

1. Entity Name

BALDA & FRANCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16619 BRIGADOON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

16619 BRIGADOON DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State
TAMPA FL**

**City & State
TAMPA FL**

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

**Zip
33618**

**Country
USA**

**Zip
33618**

**Country
USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Registered Agent

**Name
PAUL BALDA**

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

16619 BRIGADOON DRIVE

City TAMPA

FL

**Zip Code
33618**

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.

PAUL BALDA

(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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP**

**D
BALDA, PAUL
16619 BRIGADOON DRIVE
TAMPA FL 33618**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**D
FRANCO, JIMMY
16619 BRIGADOON DRIVE
TAMPA FL 33618**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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 and typed or printed name of signing officer or director

PAUL BALDA, D

DATE

Daytime Phone #

CR2E034B (12/01)