## **.2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P02000072918 **DOCUMENT#**

1. Entity Name

City & State

Zip

SIGNATURE



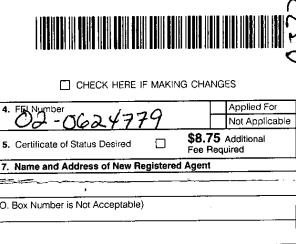
## **FILED** Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90089 002 \*\*\*150.00

| BALROY, INC.   |   |  |
|--|---|--|
| Principal Place of Business<br>7920 GLADES RD<br>BOCA RATON FL 33434 | Mailing Address<br>1501 SE 15TH ST #2-2<br>FT LAUDERDALE FL 33316 |  |
| 2. Principal Place of Business                                       | 3. Mailing Address  | 1100(100) 111 0                        |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   | —————————————————————————————————————— |

City & State

Zip



| 6. Name and Address of Current Registered Agent         |  | gent     |
|---|--|----------|
| FISHER, SASKIA<br>7920 GLADES RD<br>BOCA RATON FL 33434 | Street Address (P.O. Box Number is Not Acceptable) |          |
|   | City   | Zip Code |

Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be

| _ | ILE NOW!!!<br>May 1, 2003 |                    |
|---|---------------------------|--------------------|
|   |                           | <br>tment of State |

Country

| After                                 | ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Reayable to Florida Department of State | ·        |                                       | Election Campaign Financing     Trust Fund Contribution. | ☐ Added  | May Be<br>to Fees |
|---------------------------------------|---|----------|---------------------------------------|--|----------|-------------------|
| 10.                                   | OFFICERS AND DIRECTOR   | RS       | 11.                                   | ADDITIONS/CHANGES TO OFFICERS                            |          |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP<br>BAL, FERNANDE<br>7920 GLADES RD<br>BOCA RATON FL 33434  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Change | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP<br>BAL, PIETER<br>7920 GLADES RD<br>BOCA RATON FL 33434  | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Change | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS<br>FISHER, SASKIA<br>7920 GLADES RD<br>BOCA RATON FL 33434   |          | NAME STREET ADDRESS CITY-ST-ZIP       | · · · ·  | ☐ Change | ☐ Addition        |
| 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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Change | Addition          |
| TITLE NAME 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:

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #