

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20005

1. Entity Name

BALANCED CAPITAL SERVICES, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90604 022 ***150.00

0572649

Principal Place of Business

90 STATE HOUSE SQUARE
HARTFORD CT 06103

Mailing Address

90 STATE HOUSE SQUARE
HARTFORD CT 06103

U S S O F S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

c/o Cheryl Gorham

City & State

City & State

4. FEI Number 06-0878468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME S
STREET ADDRESS HOROWITZ, DAVID A
CITY-ST-ZIP 90 STATE HOUSE SQUARE
HARTFORD CT 06103 ☐ Delete

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

TITLE
NAME PD
STREET ADDRESS KUCKRO, LEE G.
CITY-ST-ZIP 90 STATE HOUSE SQUARE
HARTFORD CT 06103 ☐ Delete

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

TITLE
NAME T
STREET ADDRESS LILIENTHAL, MARTIN M.
CITY-ST-ZIP 90 STATE HOUSE SQUARE
HARTFORD CT 06103 ☐ Delete

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

TITLE
NAME VP
STREET ADDRESS GACONA, BERNARD
CITY-ST-ZIP 90 STATE HOUSE SQUARE
HARTFORD CT 06103 ☐ Delete

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

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/01

860-509-1000

CR2E034 (10/00)