

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061366

1. Entity Name
CITI NETWORK, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90300 001 ***150.00

Principal Place of Business

3592 ALOMA AVE
STE 11
WINTER PARK FL 32792
US

Mailing Address

3592 ALOMA AVE
#11
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3197182

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

BALASCHAK, JAMES G
~~600 LONG LAKE DR~~
~~OWIEDO FL 32765~~

3592 Aloma Ave #11
Winter Park FL
32792

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	BALASCHAK, JAMES G	
STREET ADDRESS	600 LONG LAKE DR 3592 Aloma Ave #11	
CITY-ST-ZIP	OWIEDO FL 32765 Winter Park FL 32792	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BALASCHAK, DEBORAH S	
STREET ADDRESS	600 LONG LAKE DR 3592 Aloma Ave #11	
CITY-ST-ZIP	OWIEDO FL 32765 Winter Park FL 32792	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: James G. Balaschak 2/1/01 407-702-0979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)