## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9400032020  1. Entity Name BALUSTER, INC.						Secretary of State 02-01-2002 90037 004 ***150.00				
Principal Place of Business 1943 N.W. 22ND ST. STUART FL			Mailing Address 1943 N.W. 22ND ST. STUART FL			1 ( <b>8 8</b> )( <b>8 6</b> )	KR IBUK YENK BOKK BIKK I	idur 20100 kille keir sert	<b>1</b> 11811 8811 1881	
2. Principal P	Place of Busine	ess	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 65-0493245 Applied For Not Applied For				
Zip		Country	Zip	Country	5	. Certificate of	Status Desired	S8.75 Ad Fee Require	ditional	
<u> </u>	6. Name	and Address of Current Re	gistered Agent	Nan		. Name and A	ddress of New Reg	istered Agent		}
	e, Karl K /. 22nd str fl	EET	·		Street Address (P.O. Box Number is Not Acceptable)					- -
	. <del>-</del>			City				FL Zip Coo	le	1
SIGNATURE.  9. This corpo	Signature, typed or pration is eligible requirement a	submits this statement for the printed name of registered agent and to be to satisfy its Intangible and elects to do so.	title if applicable. (NO	TE: Registered Agent s	signature required whe	on reinstating)	in the State of Floric on Campaign Finan Fund Contribution.	DATE \$5.0	00 May Be	
(See criter	ria on back)	<b></b>	Make Check Paya							
11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D WALLACE, 1943 N.W. STUART F		Delete	12. TITLE NAME STREET ADDRI CITY-ST-ZIP		ADDITIONS/CI	HANGES TO OFFICE	ERS AND DIRECTOR	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE: NAME STREET ADDRE CITY-ST-ZIP	ESS			Change	☐ Addition	
13. I hereby of indicated of the cor-	certify that the	information supplied with the or supplemental report is true receiver or trustee empower	is filing does not qualify four and accurate and that it	or the exemption my signature sha	stated in Sectional have the sam	on 119.07(3)(i), line legal effect a	Florida Statutes. I fu s if made under oat	rther certify that the i	nformation or director	