

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90187 013 ***150.00

DOCUMENT # P95000063906

1. Entity Name
BALBROOK, INC.



Principal Place of Business
~~2010 CRAYTON RD~~ **1280 MORNING SIDE DRIVE**
NAPLES FL 34103
US

Mailing Address
~~2010 CRAYTON RD~~ **1280 MORNING SIDE DRIVE**
NAPLES FL 34103
US



2. Principal Place of Business
~~NAPLES, FLORIDA~~
Suite, Apt. #, etc.
1280 MORNING SIDE DR.
City & State
NAPLES, FLORIDA
Zip
34103 Country
COLLIER

3. Mailing Address
1280 MORNING SIDE DR.
Suite, Apt. #, etc.
NAPLES
City & State
FL
Zip
34103 Country
COLLIER

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3334537** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOODWIN, THOMAS A
~~2010 CRAYTON RD~~ **1280 MORNING SIDE DRIVE**
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name **GOODWIN, THOMAS A.**
Street Address (P.O. Box Number is Not Acceptable)
1280 MORNING SIDE DR
City
NAPLES
City
FL Zip Code
34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODWIN, THOMAS A		NAME		
STREET ADDRESS	2010 CRAYTON RD 1280 MORNING SIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **3-20-03 (239) 216-1036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)