

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90135 032 ***150.00

DOCUMENT # P96000044780

1. Entity Name
TONY BALLOONY, INC.



Principal Place of Business
**3911 TREE RIDGE LANE NE
PALM BAY FL 32905**

Mailing Address
**P O BOX 61923
PALM BAY FL 32905-1923**



2. Principal Place of Business

3032 Savannah Way

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61923

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Melbourne FL

City & State

Palm Bay FL

4. FEI Number **59-3378458**

Applied For
Not Applicable

Zip **32935**

Country **USA**

Zip **32906**

Country **Brevard**

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

6. Name and Address of Current Registered Agent

**SHOBERT, TONY JR
3032 SAVANNAH WAY
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

TITLE **DPST** ☐ Delete
NAME **SHOBERT, TONY JR.**
STREET ADDRESS **3032 SAVANNAH WAY #107**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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:

REQUIREMENT
Signature and Typed or Printed Name of Signing Officer or Director
Shovert Jr. 3/12/02

Date

Daytime Phone #

CR2E034 (10/02)