2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2000 8:00 am DOCUMENT # P96000101324 **Secretary of State** 1. Entity Name G & V BALOGH INC. 02-07-2000 90067 020 ***150.00 Principal Place of Business Mailing Address 7426 HAZELNUT DRIVE 7426 HAZELNUT DRIVE PACTOROT WEBSTER FL 33597 WEBSTER FL 33597-9299 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3416210 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALOGH, GLENN A Street Address (P.O. Box Number is Not Acceptable) 7426 HAZELNUT DRIVE WEBSTER FL 33597 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P, V.P., Sec., Treasurer Change ☐ Addition TITLE TITLE ☐ Delete BALOGH, GLENN NAME Balogh, Dlenn NAME 7426 HAZEL NUT DR STREET ADDRESS JUBG Haselnut 000 STREET ADDRESS Webster, F1, 33597 CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597 Delete Change Addition TITLE TITLE BALOGH, VICKI NAME NAME STREET ADDRESS 23799 EVERGREEN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGE MANOR FL ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

⊌ Glenn A. Balogh, President 1/28/00 SIGNATURE: OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

her like empowered.

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