

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000104163**

1. Entity Name

STEVEN R. BALLINGER, P.A.**FILED****May 12, 2000 8:00 am**
Secretary of State

05-12-2000 90049 011 ***150.00

Principal Place of Business

412 SE 18 STREET
FORT LAUDERDALE FL 33316

Mailing Address

412 SE 18 STREET
FORT LAUDERDALE FL 33316-2820

2. Principal Place of Business

888 South Andrews Ave

3. Mailing Address

888 South Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205**Suite 205****Fort Lauderdale, FL****Fort Lauderdale, FL**

City & State

City & State

33316**33316**

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

BALLINGER, STEVEN R
412 SE 18 STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Steven R. Ballinger
888 South Andrews Ave.
Suite 205
Fort Lauderdale FL 33316

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

Steven R. Ballinger

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

PSD ☐ Delete
BALLINGER, STEVEN R
412 SE 18 STREET
FORT LAUDERDALE FL 33316**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD ☒ Change ☐ Addition
Ballinger, Steven R.
888 South Andrews, Ave #205
Fort Lauderdale, FL 33316**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:

Steven R. Ballinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 954-527-5222

Date

Daytime Phone #

CR2E034 (9/99)