

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90053 019 ***150.00

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 AV

DOCUMENT # P97000065557

1. Entity Name

SOUTHERN BALLOON WORKS, INC.

Principal Place of Business

**970 SHADICK DR., #3
 ORANGE CITY FL 32763**

Mailing Address

**970 SHADICK DR., #3
 ORANGE CITY FL 32763**

2. Principal Place of Business

1401 FLIGHTLINE BLVD

Suite, Apt. #, etc.

#5

3. Mailing Address

1401 FLIGHTLINE BLVD

Suite, Apt. #, etc.

#5

City & State

DELAND, FL

City & State

DELAND, FL

4. FEI Number

59-3462042

Applied For

Not Applicable

Zip

32724

Country

VOLUSIA

Zip

32724

Country

VOLUSIA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MACNAUGHTON, THOMAS

970 SHADICK DR., #3

ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

MACNAUGHTON, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

1401 FLIGHTLINE BLVD #5

City

DELAND

FL

Zip Code

32724

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

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MACNAUGHTON	
STREET ADDRESS	970 SHADICK DRIVE #3	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACNAUGHTON, MONICA	
STREET ADDRESS	970 SHADICK DR. #3	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACNAUGHTON, THOMAS	
STREET ADDRESS	1401 FLIGHTLINE BLVD #5	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACNAUGHTON, MONICA	
STREET ADDRESS	1401 FLIGHTLINE BLVD #5	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)