## -2000 Uniform Business Report (UBR) DOCUMENT # P98006081870 1. Entity Name FILED DENNIS J. BALIK INC. 00 NOV -2 AM II: 00 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 885 109TH AVENUE 885 109TH AVENUE NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State Not Applicable 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 BAWK, DENNIS Street Address (P.O. Box Number is Not Acceptable) 885-109TH AVE NAPLES FL 34108 City Zip Code FL 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, typod or printed name of registered agent and tife, if applicable, (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE Addition BALIK, DENNIS J NAME NAME 885 109TH AVENUE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP NAPLES FL 34108 CITY-ST-ZIF ☐ Change Addition THUE Delete TITLE NAMi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NUMB NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1007 ☐ Delete ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP THE Delete ☐ Change Addition NABE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAM STREET ADDRESS STREET ADDRESS KE CITY- \$1-7IP CITY-S1-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. Hurther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Dayton Phone #

## Karey Hensley

28000 Spanish Wells Blvd. #200 Bonita Springs, FL 34135 941/992/6060

Fax: 941/992-9506 Email: kfhcpa@aol.com P98-81870

Tuesday, October 31, 2000

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Reinstatement P98000081870 Dennis J. Balik Inc.

Dear Sir or Madam:

Enclosed please find copy of UBR second notice and we are requesting reinstatement. We had originally mailed in Check #0578 on 04/03/00 for \$150.00 filing fee with original application (unfortunately, we do not have copies). We also filed 2<sup>nd</sup> notice on 07/14/00 with another \$150.00 check.

We are requesting your consideration in waiving penalty as reports were filed in timely manner.

Thank you in advance for your consideration.

Sincerely,

Karey Hensley