## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000062506 1. Entity Name BALANCE DX. INC. 05-03-2001 90085 018 \*\*\*150.00 Principal Place of Business Mailing Address 81 ROYAL PALM POINTE 81 ROYAL PALM POINTE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0931734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name -BELL, RONALD W Street Address (P.O. Box Number is Not Acceptable) 81 ROYAL PALM POINTE VERO BEACH FL 32960 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change Addition TITLE TITLE NAME BELL, RONALD W NAME STREET ADDRESS **81 ROYAL PALM POINTE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TIT! F ☐ Delete Change Addition NAME NAME BELL, HEATHER STREET ADDRESS STREET ADDRESS 81 ROYAL PALM POINTE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE TITLE ☐ Delete NAME NAME WITTE, JOHN J STREET ADDRESS STREET ADDRESS 81 ROYAL PALM POINTE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

EsnOEn OFFICER OR DIRECTOR