

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 017 ***150.00

DOCUMENT # **P99000070505**

1. Entity Name

COLLEEN K. BALLARD, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1707 POWDER RIDGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1707 POWDER RIDGE DRIVE

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

59-3599432

Applied For

Not Applicable

Zip

34683

Country

FLORIDA

Zip

34683

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

COLLEEN K. BALLARD, P.A.

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

1707 POWDER RIDGE DRIVE

City

PALM HARBOR

FL

Zip Code

34683

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IN THIS SPACE**

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

COLLEEN K. BALLARD

COLLEEN K. BALLARD

3/20/02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME

**P
COLLEEN K. BALLARD
1707 POWDER RIDGE DRIVE
PALM HARBOR, FL 34683**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

COLLEEN K. BALLARD

COLLEEN K. BALLARD

3/20/02

727-787-3216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)