

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076974

1. Entity Name

TRU-BALANCE MFG., INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90174 019 ***150.00

Principal Place of Business

Mailing Address

1676 NORTHEAST C-314A
SILVER SPRINGS FL 34488

1676 NORTHEAST C-314A
SILVER SPRINGS FL 34488

2. Principal Place of Business

3. Mailing Address

1676 NORTHEAST C-314A

1676 NORTHEAST C-314A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SILVER SPRINGS, FL

SILVER SPRINGS, FL

Zip

Country

Zip

Country

34488

MARION

34488

MARION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, WILLIAM J JR.
1676 NORTHEAST C-314A
SILVER SPRINGS FL 34488

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
D
COLE, WILLIAM J JR.
1676 NORTHEAST C-314A
SILVER SPRINGS FL 34488

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 352-625-1747