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

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P99000098711** BALLEN MORTGAGE CORP. I-23-2001 90162 012 \*\*\*150.00 Principal Place of Business Mailing Address 1611 W DONEGAN AVE UNIT 6 1611 W DONEGAN AVE UNIT 6 KISSIMMEE FL 34741 じりひししししじ KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 3 South John South John Young PKWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3605610 Kissimmee Not Applicable ssimmee Zip \$8.75 Additional 5. Certificate of Status Desired USA 34741 34741 V-S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYERS, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1611 W DONEGAN AVE UNIT 6 KISSIMMEE FL 34741 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MEYERS PResident (NOTE: Registered Agent Signature required when reinstate Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Change ☐ Addition EMEYERS, WILLIAM NAME NAME STREET ADDRESS 1611 W. DONEGAN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 TITLE **VPS** ☐ Delete TITLE Addition Change NAME JORDAN, RICHARD NAME STREET ADDRESS 1611 W. DONEGAN AVE. STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F □ Change ☐ Addition 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 adwith all other like empowered MEYERS, PRESIDENT 4-19-01