

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

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

05-09-2002 90082 028 ***150.00

DOCUMENT # **P99000098211**

1. Entity Name

BALLEN MORTGAGE CORP ✓

DO NOT WRITE IN THIS SPACE

80093322

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2. Principal Place of Business

3 South John Young Parkway

Suite, Apt. #, etc.

Suite 5

City & State

Kissimmee Florida

Zip **34741**

Country

FLORIDA

3. Mailing Address

3 South John Young Parkway

Suite, Apt. #, etc.

Suite 5

City & State

Kissimmee Florida

Zip **34741**

Country

FLORIDA

4. FEI Number

59-3605610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM E. MEYERS

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

1611 West Donegan Ave

City

KISSIMMEE

FL

Zip Code

34741

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

WILLIAM E MEYERS

4-29-02

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 **PRESIDENT**
NAME **William E. MEYERS**
STREET ADDRESS **1611 West Donegan Ave**
CITY-ST-ZIP **Kissimmee FL 34741**

TITLE **VICE PRESIDENT**
NAME **Richard A. JORDAN**
STREET ADDRESS **204 Bay Point Drive**
CITY-ST-ZIP **Davenport FL 33837**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Meyers

4-29-02

Date

Daytime Phone #

402-870-0355

CR2E034B (12/01)