

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90318 003 \*\*\*150.00

**DOCUMENT # V07129**

1. Entity Name

**BALSAM PILLOW, INC.**

Principal Place of Business

**4130 OAK CIRCLE  
 BOCA RATON FL 33431-4024  
 US**

Mailing Address

**C/O GRUBER AND ASSOCIATES P.A.  
 1650 SOUTHEAST 17TH STREET SUITE 301  
 FORT LAUDERDALE FL 33316-1735  
 US**

**D0024904**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0305486**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LYON, RAY (P.H.)  
 4130 OAK CIRCLE  
 BOCA RATON FL 33431-4024**

7. Name and Address of New Registered Agent

Name

**P. H.**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYON, RAY P.H.</b>	
STREET ADDRESS	<b>4130 OAK CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431-4024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ray P.H.*

**RAY P.H. LYON 3/2001 954-522-2222**

Date

Daytime Phone #

CR2E034 (10/00)