

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90090 011 ***150.00

711290



DO NOT WRITE IN THIS SPACE

DOCUMENT # V50278

1. Entity Name

BALNAGOWAN, INC.

Principal Place of Business

**1618 TWELVE OAKS WAY
 NORTH PALM BEACH FL 33408**

Mailing Address

**1580 RICHMOND ST., N
 LONDON, ONTARIO N6-G2M6
 CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**
65-0362122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, DOUGLAS A ESQ
 2624 PGA BLVD.
 PALM BEACH GARDENS FL 33410**

Name **KIDWELL, MARTIN C.**
 Street Address (P.O. Box Number is Not Acceptable)
**90 WILLIAM A. WEBB & ASSOCIATES
 404 E. ATLANTIC BLVD., STE 200,
 POMPANO BEACH FL 33060**

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

MARTIN C KIDWELL

1-30-01

(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 **P** ☐ Delete
 NAME **ROSS, CHARLES F.M.**
 STREET ADDRESS **1618 TWELVE OAKS WAY**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **V** ☒ Delete
 NAME **WILLIS, DOUGLAS A.**
 STREET ADDRESS **2624 PGA BLVD.**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **ST** ☐ Delete
 NAME **ROSS, SEANNA D**
 STREET ADDRESS **1618 TWELVE OAKS WAY**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

**PROBANT,
 CHARLES F.M. ROSS**

Date

Daytime Phone #

(579) 433-6962
JANUARY 2001

CR2E034 (10/00)