

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90022 034 ***150.00

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 N6G2M-6
 CA

426716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1618 TWELVE OAKS WAY
 Suite, Apt. #, etc.
 103

3. Mailing Address

98 SHAVIAN BLVD.
 Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

City & State

LONDON ONTARIO

4. FEI Number

65-0362122

Applied For

Not Applicable

Zip

Country

33408 U.S.A.

Zip

Country

N6G2P3 CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIDWELL, MARTIN C
 C/O WILLIAM A WEBB & ASSOCIATES
 404 E ATLANTIC BLVD STE 200
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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, 2002 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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

FEB 27 / 02 775-9184 (561)

CR2E034 (9/01)