

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90035 010 ***150.00

DOCUMENT # V51530

1. Entity Name

TOTAL SYSTEM BALANCE, INC.



Principal Place of Business
**1471 SW 30TH AVE
SUITE 7
DEERFIELD BEACH FL 33442
US**

Mailing Address
**PO BOX 4187
DEERFIELD BEACH FL 33442
US**

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 **65-0357239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENISON, ERIC T
600 NW 45 AVE
DEERFIELD BCH FL 33442**

Name **JENISON, ERIC**

Street Address (P.O. Box Number is Not Acceptable)
1471 SW 30th AVE

7

City **DEERFIELD BEACH** **FL** Zip Code **33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PTD JENISON, ERIC T** ☐ Delete
STREET ADDRESS **600 NW 45TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE
NAME **PTD JENISON, ERIC T** ☒ Change ☐ Addition
STREET ADDRESS **1471 SW 30 AVE # 7**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE
NAME **VSD JENISON, LINDA** ☐ Delete
STREET ADDRESS **600 NW 45TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE
NAME **VSD JENISON, LINDA** ☒ Change ☐ Addition
STREET ADDRESS **1471 SW 30 AVE # 7**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

1-14-03

754-425-0764

Date

Daytime Phone #

CR2E034 (10/02)