

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

DOCUMENT # P00000009041

1. Entity Name

Paul Borgman, D.O., P.A.

FILED

02 APR 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1411 S. 14th Street

3. Mailing Address
1411 S. 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State
Fernandina Beach FL

City & State
Fernandina Beach, FL 32034

4. FEI Number 59-3623579

Applied For
Not Applicable

Zip 32034

Country Nassau

Zip 32034

Country Nassau

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Paul G. Borgman

Street Address (P.O. Box Number is Not Acceptable)
1411 S. 14th St Ste B

City Fernandina Beach FL Zip Code 32034

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 *PGBorgman*

4/9/02

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)

January 1 - May 31 Fee is \$150.00
After May 1 Fee is \$50.00
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	PSTD
NAME	Borgman, Paul
STREET ADDRESS	4953 Spanish Oaks Circle
CITY-ST-ZIP	Fernandina Beach FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *PGBorgman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

Daytime Phone #

CR2E034B (2/01)

B