

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90262 049 ***150.00

0351198 AV

DOCUMENT # P00000111053



1. Entity Name
BORMETT COURT REPORTING, INC.

Principal Place of Business
**5201 GATE LAKE ROAD
TAMARAC FL 33319**

Mailing Address
**5201 GATE LAKE ROAD
TAMARAC FL 33319**



2. Principal Place of Business
2450 COMPASS POINTE DR

3. Mailing Address
2450 COMPASS POINTE DRIVE

Suite, Apt. #, etc.
VERO BEACH, FL.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
VERO BEACH, FLORIDA

4. FEI Number **65-1061864**

Applied For
 Not Applicable

Zip **32966** Country **INDIAN RIVER**

Zip **32966** Country **INDIAN RIVER**

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

BORMETT, PATRICIA LEE
~~5201 GATE LAKE ROAD~~ **2450 COMPASS POINTE DRIVE**
~~TAMARAC FL 33319~~ **VERO BEACH, FLORIDA 32966**

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

SIGNATURE *Patricia Lee Bormett*

DATE **4/11/03**

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 **D** Delete
NAME **BORMETT, PATRICIA LEE**
STREET ADDRESS ~~5201 GATE LAKE ROAD~~ **2450 COMPASS POINTE DRIVE**
CITY-ST-ZIP ~~TAMARAC FL 33319~~ **VERO BEACH, FLORIDA 32966**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: *Patricia Lee Bormett*

DATE **4/11/03** DAYTIME PHONE # **772-978-5945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)