

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90552 011 ***158.75

DOCUMENT # 580573

1. Entity Name
BORGON CONSTRUCTION, INC.



Principal Place of Business
**6517 CAY CIRCLE
ORLANDO FL 32809**

Mailing Address
**6517 CAY CIRCLE
ORLANDO FL 32809**

70013140



2. Principal Place of Business
8998 GLADIN CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State

4. FEI Number
59-1864858

Applied For
Not Applicable

Zip
32819

Country

Zip

Country

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

**BORGON, FRANK A.
6517 CAY CIRCLE
LB
ORLANDO FL 32809**

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 _____ (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 **PD** ☐ Delete
NAME **BORGON, FRANK**
STREET ADDRESS **8998 GLADIN CT**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32819**

TITLE **VSD** ☐ Delete
NAME **BORGON, FRANK A**
STREET ADDRESS **6517 CAY CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32809**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

FRANK A BORGON

15 JAN 03

407-855-3898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)