

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
 03-17-2000 90035 003 ***150.00

DOCUMENT # 686865

1. Entity Name

DAVID BORSTEIN, INC.

Principal Place of Business

9116 CYPRESS GR. DR.
 107
 JACKSONVILLE FL 32256
 US

Mailing Address

9086 CYPRESS GREEN DR.
 107
 JACKSONVILLE FL 32256-7791

2. Principal Place of Business

4296 RIPKEN CIR. EAST.
 Suite, Apt. #, etc.

3. Mailing Address

4296 RIPKEN CIR. EAST
 Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL
 Zip 32224 Country

City & State

JACKSONVILLE, FL
 Zip 32224 Country

4. FEI Number

59-2023001

Applied For

Not Applicable

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

BORSTEIN, DAVID
 9086 CYPRESS GREEN DR.
 #107
 JACKSONVILLE FL 32256

Name

DON BORSTEIN
 Street Address (P.O. Box Number is Not Acceptable)

4296 RIPKEN CIR. EAST

City

JACKSONVILLE

FL

Zip Code

32224

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 DONALD K. BORSTEIN

Donald K Borstein

3/13/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BORSTEIN, DAVID	
STREET ADDRESS	8974 BROOKSHIRE CT	
CITY-ST-ZIP	JAX FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BORSTEIN, EVELYN S	
STREET ADDRESS	8974 BROOKSHIRE CT	
CITY-ST-ZIP	JAX FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORSTEIN, CHARLES A.	
STREET ADDRESS	8974 BROOKSHIRE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORSTEIN, DONALD K.	
STREET ADDRESS	8607 DEERMOSS WAY E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSTEIN, DONALD K.	
STREET ADDRESS	4296 RIPKEN CIR. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Donald K Borstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD K BORSTEIN 3/13/00
 Date 904-731-0354 Daytime Phone #

CR2E034 (9/99)