2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

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FILED **DOCUMENT # J40695** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** BORTON MOTORS, INC. 01-20-2000 90221 024 ***150.00 Principal Place of Business Mailing Address 2201 NORTH FEDERAL HIGHWAY 2201 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-6013 11200011 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2738044 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name O'BRIEN, JOHN L. Street Address (P.O. Box Number is Not Acceptable) 400 S. DIXIE HWY. BLDG. IV, STE. 422 **BOCA RATON FL 33432** 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CEO ☐ Addition ☐ Change TITLE ☐ Delete TITLE BERGH, KJELL NAME NAME 1153 HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEL RAY BEACH FL CECelete ☐ Change Addition TITI F LINDAHL, KENNETH H NAME 1153 HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP DEC RAY BEACHLFL CITY-ST-ZIP TREAS **⊄**Change Addition ~⊡ Delete 5-E-C TITE F BERGH, MARIA NAME 5428 LYNDALE AVE. SO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-ZIP PRESIDE NOT ☐ Change Addition ☐ Delete TITL F TITLE SHE 77 ER LOREN NAME NAME N. FEDERAL HWY STREET ADDRESS STREET ADDRESS 33483 CITY-ST-ZIP DELRAY BEACH, 72 CITY-ST-ZIP ■ Addition TITLE ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change M Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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