

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65101

1. Entity Name

BORDNER RESEARCH, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90025 033 ***150.00

Principal Place of Business

2535 LANDMARK DR., SUITE 109
CLEARWATER FL 33761
US

Mailing Address

2535 LANDMARK DR., SUITE 109
CLEARWATER FL 33761-3929
US

2. Principal Place of Business

25400 U.S. 19 NORTH

Suite, Apt. #, etc.

SUITE 211

City & State

CLEARWATER FL

Zip

33763

Country

US

3. Mailing Address

25400 U.S. 19 NORTH

Suite, Apt. #, etc.

SUITE 211

City & State

CLEARWATER F

Zip

33763

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2793719

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

Name

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

City

FL

Zip Code

GREEN, RICHARD D.
1010 DREW STREET
CLEARWATER FL 34615

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

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	D	<input type="checkbox"/> Delete
NAME	BORDNER, DIANE C.	
STREET ADDRESS	4709 BRAYTON TERRACE N	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAGNER, MARJORIDEL E	
STREET ADDRESS	19029 US 19 N 27-F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LANGE, JOAN B	
STREET ADDRESS	19029 US 19 N I-22	
CITY-ST-ZIP	CLEARWATER 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"/> 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	1317 DAWSBURY WAY	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7712 CRAIGHURST LOOP	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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: DIANE C. BORDNER DIANE C. BORDNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 (727) 797-6552

Date

Daytime Phone #

CR2E034 (9/99)