## **DOCUMENT #** J65618 1. Entity Name

BORDA ENGINEERS & ENERGY CONSULTANTS, P.A.

Principal Place of Rusiner

5245 US HWY 19 N. NEW PORT RICHEY FL 34652		Mailing Address						
		5245 US HWY 19 N. 4925 CROSS BAYOU BOULEVARD P.O.BOX 1176 NEW PORT RICHEY FL 34652		V.O.BOX 1176				<b>818</b> 14 <b>6</b> 4814 1881
2. Principal Place of Business		3. Mailing Address 5145 US Hwy 19 N.		<u>,                                     </u>	i (dainia and airth anns dinei ine		ell sign bleit	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 22-2055210			Applied For Not Applicable
Zip	p Country		Zip Country		5. Certificate of Status Desired		\$8.75 A	dditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Re	egistered A	Agent	
BORDA, JOSEPH R.				Name		9.0.0.0		
5245 US HWY 19 N.			Street Address (P.	O. Box Number is Not Acceptable)	)			
NEW PORT RICHEY F	FL 34652		ļ 					
8. The above name perity submits this statement for the purpose of changing its reg				City		FL	Zip Co	de
SIGNATURE Signature, locad	AD	JOSEPH 6	2, 73	Agent signature required w		8-02 DATE	<u> </u>	
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		ill be \$550.00		. [	J Adde	00 May Be ed to Fees
11. OFFICERS AND DIRECTORS			12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME BORDA, JO STREET ADDRESS 5245 US H CITY-ST-ZIP NEW PORT	OSEPH R. WY 19 N. RICHEY FL 34652	□ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP		-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP	The second secon	· · · · · ·	Change	Addition
TITLE NAME . STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS I-ZIP			☐ Change	☐ Addition

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 enhancement of the corporation or the receiver of trustee enhancement of the corporation of the corporation or the receiver of trustee enhancement of the corporation or the receiver of trustee enhancement of the corporation of the corporatio of the corporation or the receiver changed, or on an attachment with

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition