

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90029 008 \*\*\*\*50.00

**DOCUMENT # L00000001587**

1. Entity Name  
**BORS INTERNATIONAL, L.L.C.**



Principal Place of Business  
**1901 ULMERTON RD.  
SUITE 750  
CLEARWATER FL 33762**

Mailing Address  
**1901 ULMERTON RD.  
SUITE 750  
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3626527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITHSON, LISA  
1901 ULMERTON RD. SUITE 750  
CLEARWATER FL 33762**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>									
	<b>DOYLE, DANIEL M SR</b>	<b>7 STONEGATE DR.</b>	<b>BELLAIR FL 33756</b>							
	<b>MGRM</b>									
	<b>DOYLE, DANIEL M JR</b>	<b>3 STONGATE DRIVE</b>	<b>BELLAIR FL 33756</b>							
	<b>MGRM</b>									
	<b>SMITHSON, LISA</b>	<b>330 8TH AVENUE N. # 1</b>	<b>TIERRA VERDE FL 33715</b>							
	<b>MGRM</b>									
	<b>MCPEAK, FRANK</b>	<b>2834 SANDPIPER PLACE</b>	<b>CLEARWATER FL 33762</b>							

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Lisa Smithson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/03

Date

(727) 540-9693

Daytime Phone #

CR2E083 (10/02)