

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90046 043 \*\*\*150.00

**DOCUMENT # L27555**

1. Entity Name

**GROUNDTEK OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

**862 MAGUIRE RD  
 OCOEE FL 34761  
 US**

**862 MAGUIRE RD  
 OCOEE FL 34761-2916  
 US**

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

**59-2981065**

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

**BORI, ALBERT  
 9149 LAWS RD.  
 CLERMONT FL 34711**

Name

**Pelegrin M. Bori**

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

**2611 Chelsea St.**

City

**Orlando**

**FL**

Zip Code  
**32803**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BORI, ALBERT</b>	
STREET ADDRESS	<b>9149 LAWS RD</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BORI, HOLLY</b>	
STREET ADDRESS	<b>2449 CLIFF DALE ST</b>	
CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BORI, HECTOR</b>	
STREET ADDRESS	<b>2449 CLIFF DALE ST</b>	
CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BORI, DEBRA</b>	
STREET ADDRESS	<b>9149 LAWS RD</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pelegrin M. Bori</b>	
STREET ADDRESS	<b>2611 Chelsea St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32803</b>	
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	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Holly Bori</b>	
STREET ADDRESS	<b>2449 Cliffdale St.</b>	
CITY-ST-ZIP	<b>Ocoee, FL 34761</b>	
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:

*Pelegrin M. Bori* **Pelegrin M. Bori** 2/14/00 (407) 877-7473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)