

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15207

1. Entity Name

LOUIS S. BOREK ENTERPRISES, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90254 023 ***150.00

Principal Place of Business

407 N. 28TH AVENUE
HOLLYWOOD FL 33020

Mailing Address

407 N. 28TH AVENUE
HOLLYWOOD FL 33020

2. Principal Place of Business

501 WEXFORD DR.

Suite, Apt. #, etc.

3. Mailing Address

501 WEXFORD DR.

Suite, Apt. #, etc.

City & State

NICEVILLE FL.

City & State

NICEVILLE FL.

4. FEI Number

59-2542899

Applied For

Not Applicable

Zip

32578

Country

OKLOOSA

Zip

32578

Country

OKALOOSA

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

BOREK, LOUIS S.

407 N. 28TH AVENUE

HOLLYWOOD FL 33020

Name

BOREK, LOUIS S.

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

501 WEXFORD DR.

City

NICEVILLE

FL

Zip Code

32578

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

Louis S. Borek

(NOTE: Registered Agent signature required when reinstating)

DATE

April 24, 2001

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD ☐ Delete
NAME BOREK, LOUIS S.
STREET ADDRESS 407 N. 28TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL

TITLE PD ☐ Change ☐ Addition
NAME BOREK, LOUIS S.
STREET ADDRESS 501 WEXFORD DR
CITY-ST-ZIP NICEVILLE FL. 32578

TITLE STD ☐ Delete
NAME BOREK, WILLIAM
STREET ADDRESS 407 N. 28TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL

TITLE STD ☐ Change ☐ Addition
NAME BOREK, WILLIAM
STREET ADDRESS 501 WEXFORD DR
CITY-ST-ZIP NICEVILLE FL. 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Louis S. Borek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 678-3694
Daytime Phone #

CR2E034 (10/00)