

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90334 046 ***150.00

DOCUMENT # P00000056760

1. Entity Name

BORDEN INVESTIGATIONS & CONSULTING, INC.

Principal Place of Business

**5315 S.W. 116TH AVENUE
COOPER CITY FL 33330-4210**

Mailing Address

**5315 S.W. 116TH AVENUE
COOPER CITY FL 33330-4210**

B0074604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1003 Split Silk St.

3. Mailing Address

1003 Split Silk Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

65-1017512

Applied For

Not Applicable

Zip

Country

33594

US

Zip

Country

33594

US

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

BORDEN, JAMES C

5315 S.W. 116TH AVENUE

COOPER CITY FL 33330-4210

Name

BORDEN, James C.

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

1003 Split Silk St.

City

Valrico

FL

Zip Code

33594

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. - **New address only**

SIGNATURE

James C. Borden

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

(NOTE: Registered Agent signature required when reinstating)

4/11/02
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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
BORDEN, JAMES C
5315 SW 116TH AVE.
COOPER CITY FL 33330-4210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
BORDEN, James C.
1003 Split Silk St.
Valrico, FL 33594** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

James C. Borden

James C. Borden **4/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 653-3965

Date

Daytime Phone #

CR2E034 (9/01)