

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90054 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P00000075395

1. Entity Name

BORAWSKI INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

2623 LOOPRIDGE DRIVE
ORANGE PARK FL 320652623 LOOPRIDGE DRIVE
ORANGE PARK FL 32065

770566

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

59-3664177

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY R BORAWSKI
2623 LOOPRIDGE DR
ORANGE PARK FL 32065

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.

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 \$180.00
After MAY 1, 2001 Fee will be \$680.00
Make Check Payable to Department of State10. 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	PTD	☐ Delete
NAME	STANLEY R BORAWSKI	
STREET ADDRESS	2623 LOOPRIDGE DR	
CITY - ST - ZIP	ORANGE PARK FL 32065	

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

TITLE	VSD	☐ Delete
NAME	SANDRA BORAWSKI	
STREET ADDRESS	2623 LOOPRIDGE DR	
CITY - ST - ZIP	ORANGE PARK FL 32065	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
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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(2)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #