

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91150 046 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000059001**

1. Entity Name  
**ELLIOT P. BORKSON, P.A.**



90127154

Principal Place of Business  
 500 E. BROWARD BLVD.  
 SUITE 1800  
 FT. LAUDERDALE, FL 33394

Mailing Address  
 500 E. BROWARD BLVD.  
 SUITE 1800  
 FT. LAUDERDALE, FL 33394

2. Principal Place of Business  
**1313 S. ANDREWS AVE**

3. Mailing Address  
**1313 S. ANDREWS AVE**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**FT. LAUD. FL.**

City & State  
**FT. LAUD. FL.**

4. FEI Number  
**65-1115778**

Applied For  
 Not Applicable

Zip  
**33316**

Country  
**BROWARD**

Zip  
**33316**

Country

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

6. Name and Address of Current Registered Agent  
**BORKSON, ELLIOT**  
**2970 WESTBROOK ROAD**  
**WESTON, FL 33332**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when necessary)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D BORKSON, ELLIOT P</b> <b>100 N. ELD TREE LANE</b> <b>PLANTATION, FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1313 SOUTH ANDREWS AVE.</b> <b>FT. LAUD., FL. 33316</b>
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Elliot P. Borkson, Pres.* **4/28/03** **954-523**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR **9696**  
**ELLIOT BORKSON**

CFR2004 (10/02)