

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90132 043 ***150.00

DOCUMENT # P02000037415

1. Entity Name
BORUTH LAND, INC.



Principal Place of Business
**2535 ARDON AVENUE
ORLANDO FL 32833-3818**

Mailing Address
**2535 ARDON AVENUE
ORLANDO FL 32833-3818**

10032958



2. Principal Place of Business
17912 E. COLONIAL DR
Suite, Apt. #, etc.

3. Mailing Address
17912 E. COLONIAL DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FLA 32820

City & State

ORLANDO, FLA

4. FEI Number

04 - 3673326

Applied For

Not Applicable

Zip

32820

Country

ORANGE

Zip

32820

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1413 TROVILLION AVENUE
WINTER PARK FL 32789**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAPP, GRIMMER W**
STREET ADDRESS **2535 ARDON AVENUE**
CITY-ST-ZIP **ORLANDO FL 32833-3818**

TITLE **D** ☐ Delete
NAME **MAPP, MARY R**
STREET ADDRESS **2535 ARDON AVENUE**
CITY-ST-ZIP **ORLANDO FL 32833-3818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRIMMER W. MAPP

PRES.

6 FEB 03

47-625-3841

Date

Daytime Phone #

CR2E034 (10/02)