

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

02-07-2003 90056 016 ***158.75

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1. Entity Name
BORDER SPECIALTY GROUP, INC.



55025200

Principal Place of Business
645 MAYPORT ROAD #6
ATLANTIC BEACH FL 32233

Mailing Address
645 MAYPORT ROAD #6
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

PO Box 550738

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE

City & State

City & State

FL

Zip

Country

Zip

Country

32255 US

FEI Number

36-4510262

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZONI, MARK
645 MAYPORT ROAD #6
ATLANTIC BEACH FL 32233

VOID

7. Name and Address of New Registered Agent

Name JAKE H. OLSEN

Street Address (P.O. Box Number is Not Acceptable)
4786 SANDY RD LN

City JACKSONVILLE FL Zip Code 32224

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 Pres / Secy
NAME JAKE OLSEN
STREET ADDRESS 4786 SANDY RD LN
CITY-ST-ZIP JACKSONVILLE FL 32224

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres / Secy
NAME JAKE OLSEN
STREET ADDRESS 4786 SANDY RD LN
CITY-ST-ZIP JACKSONVILLE FL 32224

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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:

JAKE H. OLSEN

02/05/03 904
241-3000

Date

Daytime Phone #

CR2E034 (10/02)