1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003814

1. Entity Name MICHAEL S. BORCHECK

2002

FILED
02 DEC 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600009431466
12/10/02--01023--003 **150.00

2. Principal Place of Business	3. Mailing Address
280 W. CANTON AVE	280 W. CANTON AVE
Suite, Apt. #, etc. 330	Suite, Apt. #, etc. SUITE 330
City & State WINTER PARK, FLORIDA	City & State WINTER PARK, FLORIDA
Zip 32789 Country ORANGE	Zip 32789 Country ORANGE

4. FEI Number 59-3159767 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL S. BORCHECK

Street Address (P.O. Box Number is Not Acceptable): 280 W. CANTON AVE SUITE 330

City: WINTER PARK FL Zip Code: 32789

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: Michael S. Borcheck
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL S. BORCHECK 280 W. CANTON AVE. STE 330. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael S. Borcheck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE SEE ATTACHED

2 of 2
copy

MICHAEL S. BORCHECK, CPA
280 West Canton Ave. Suite 330
Winter Park, Florida 32789
Telephone (407) 622-6600
Facsimile (407) 622-6605

April 30, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Our office did not receive a 2002 Uniform Business Report (UBR). I am enclosing a check and a copy of Amendment to the Articles of Incorporation of Michael S. Borcheck with the Document Number # P93000003814.

Thank you for your attention on this matter. Please feel free to call if you have any questions (407) 622-6600.

Yours truly,

Michael S Borcheck

Michael S. Borcheck, CPA