·2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ag

SIGNATURE:

FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **P94000025134** 1. Entity Name VAILLANCOURT BORGERSEN & BOATRIGHT, P.A. 04-29-2000 90010 048 ***150.00 Mailing Address Principal Place of Business 2530 WEST BAY DR 2530 WEST BAY DR LARGO FL 33770-1935 **LARGO FL 33770** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3248230 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BORGERSEN, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 2530 WEST BAY DR **LARGO FL 33770** 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Ti Change ☐ Addition TITLE Delete TITLE BORGERSEN, WILLIAM C. NAME NAME STREET ADDRESS STREET ADDRESS 2530 W BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BOATRIGHT, SCOTT R. NAME STREET ADDRESS STREET ADDRESS 2530 W BAY DRIVE CITY-ST-ZIP CITY-ST-7/P LARGO FL Delete ~ ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expressing to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if