

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047257

1. Entity Name
BORDERLINE RESTAURANT, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90296 012 ***150.00

00013240



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3821 GALT ISLAND AVENUE ST. JAMES CITY FL 33956	Mailing Address 3821 GALT ISLAND AVENUE ST. JAMES CITY FL 33956
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2. Principal Place of Business 3266 York Rd Suite, Apt. #, etc.	3. Mailing Address 3266 York Rd Suite, Apt. #, etc.
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City & State St James City FL	City & State St James City FL	4. FEI Number 65-0500786	Applied For Not Applicable
Zip 33956	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, VALERIE
3821 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956

7. Name and Address of New Registered Agent

Name
Wilson Valerie
Street Address (P.O. Box Number is Not Acceptable)
3266 York Rd
St James City
City
FL Zip Code
33956

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 Valerie Wilson Valerie Wilson 1-31-2001
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, VALERIE 3821 GALT ISLAND AVENUE ST. JAMES CITY FL 33956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3266 York Rd St James City FL 33956
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
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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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

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

SIGNATURE: Valerie Wilson 1-31-2001 941-283-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)