FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

CHAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 18, 2002 8:00 am Secretary of State

Daytime Phone #

06-18-2002 90484 001 ***150.00 DOCUMENT# 1. Entity Name DOSER DOCUMA 869350 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 108 care Pointe CIR 08 CAR PO:116 CIR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ZaP:4&^ 65-0548470 Not Applicable Country Country \$8.75 Additional 33499 Pairi Reac 5. Certificate of Status Desired Palm Booch Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE O Box Number is Not Acceptable) IN THIS SPACE *ሜ*ድሮ177 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. SYGNATURE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ð TITLE CR2E034B (12/01 NAME BORDERK: John NAME & STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ng:ban, FL CITY: ST-ZIP TITLE TITLE BORAWSKI DIONE M BORAWSKI DIONE M 108 CORE PONDEL CIK. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP zur: Zer, Er. 33-4e), TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TÎLÊ 😲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.



Alfachmen/t
869350

Division of Corporations Uniform Business Report Filing P.O. Box 1500 Tallahassee, FL 33202-1500

To Whom It May Concern:

Pursuant to my telephone call to your office referencing the Uniform Business Report Form. I am enclosing a waiver on my penalties in that I did not receive the "Form" in the mail. I am enclosing my check for \$150 and the completed form which I obtained from your web site.

Thank you for your consideration regarding this matter.

Respectfully,

John R. Borawski

Enclosure

John R. Borawski, C.L.U. President

Asset Accumulation
 Asset Protection -

Tax Strategies

4400 PGA Bivd. Suite 700 Paim Beach Gardens, Florida 33410

Phone: 561/745-9940 Fax: 561/748-5619 Email:assetaccum@aol.com