

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2000 08:00 AM**
Secretary of State**DOCUMENT # P94000084908****1. Entity Name**
BORER ENTERPRISES, INC.

Principal Place of Business 8520 -4TH ST N. ST PETERSBURG 33702	Mailing Address 8520 -4TH ST N. ST PETERSBURG 33702
FL	FL
US	US

2. Principal Place of Business
8113 ULMERTON ROAD**3. Mailing Address**
8113 ULMERTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LARGO	FL
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City & State LARGO	FL
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4. FEI Number
59-3279582

Applied For
Not Applicable

Zip 337713945	Country US
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Zip 337713945	Country US
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DAVIS PAUL C
ONE HARBOUR PLACE
FIFTH FLOOR
TAMPA FL
33602Name
BORER PETER F
Street Address (P.O. Box Number is Not Acceptable)
8113 ULMERTON ROADCity
LARGO FL Zip Code
337713945**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 PETER F. BORER****04/09/2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORER PETER F 4220 SALTWATER TAMPA FL 33615	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORER PETER F 8113 ULMERTON ROAD LARGO FL 337713945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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"/> Change <input type="checkbox"/> Addition
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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** Peter F. Borer

Dir. 04/09/2000