

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90478 049 ***150.00

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DOCUMENT # P95000036198

1. Entity Name
BORSUM & ASSOCIATES, INC.

Principal Place of Business

~~150 N. WESTMONTE DR.~~
~~ALTAMONTE SPRINGS FL 32716~~

Mailing Address

~~616 FIELD CLUB CIRCLE~~
~~CASSELBERRY FL 32707~~

2. Principal Place of Business
101 Holly Park Dr

Suite, Apt. #, etc.

3. Mailing Address
101 Holly Park Dr

Suite, Apt. #, etc.

City & State
Holly Springs NC 27540

Zip

Country

City & State
Holly Springs NC 27540

Zip

Country

4. FEI Number **59-3310322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~MALONE, J. MICHAEL~~
~~523 W. COLONIAL DRIVE~~
~~ORLANDO FL 32804~~

7. Name and Address of New Registered Agent

Name **Thomas M. Hergner**

Street Address (P.O. Box Number is Not Acceptable)
7523 Aloma Avenue, Suite 106

City **Winter Park**

FL

Zip Code
32792

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

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

TITLE **P**
 NAME **BORSUM, DOUGLAS L**
 STREET ADDRESS **616 FIELD CLUB CIRCLE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

101 Holly Park Dr
Holly Springs NC 27540

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

(919) 466-0004

Daytime Phone #

CR2E034 (10/00)