

2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # P95000039079

1. Entity Name
BORDA, INC.

Principal Place of Business
4925 CROSS BAYOU BLVD.
NEW PPORT RICHEY FL 34652

Mailing Address
4925 CROSS BAYOU BLVD.
NEW PPORT RICHEY FL 34652

2. Principal Place of Business
5245 U.S. Hwy. 19 N.
Suite, Apt. #, etc.

3. Mailing Address
5245 U.S. Hwy. 19 N.
Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34652

Country

Zip
34652

Country

4. FEI Number 59-3444649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBY, H. CLYDE ESQ.
% HOBBY, ANDERSON & GREY
5709 TIDALWAVE DRIVE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

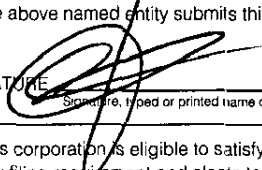
Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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 DPST
NAME BORDA, JOSEPH R
STREET ADDRESS 4925 CROSS BAYOU BLVD.
CITY-ST-ZIP NEW PPORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5245 U.S. Hwy. 19 N.
CITY-ST-ZIP New Port Richey, FL 34652 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

4-30-01

Date

727-849-2266

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 009 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)