FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01/03

FILED

03 FEB 18 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089125

1. Entity Name

PARFORE, INC.

W03000002824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24 WAX MYRTLE RD.	PO BOX 15548
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AMELIA ISLAND, FL 32034	City & State: FERNANDINA BEACH, FL 32035
Zip: 32034 Country: USA	Zip: 32035 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3416005 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEPHEN J. BORUSOVIC

Street Address (P.O. Box Number is Not Acceptable): 24 WAX MYRTLE RD.

City: AMELIA ISLAND FL Zip Code: 32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ JAN. 17, 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: STEPHEN J. BORUSOVIC STREET ADDRESS: 24 WAX MYRTLE RD. CITY-ST-ZIP: ~~AMELIA ISLAND, FL 32034~~		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900012601909 02/18/03--01004--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900012601909 150.00 02/18/03--01004--002 ** [redacted]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen J. Borusovic JAN. 17, 2003 904-261-6876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #