

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043700

1. Entity Name

BOROSANA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90041 039 ***150.00

Principal Place of Business

Mailing Address

189 BROOKS STREET
FORT WALTON BEACH FL 32548
US

17 MEIGS DRIVE
SHALIMAR FL 32579-2167

2. Principal Place of Business

3. Mailing Address

28 Paradise Pnt. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Shalimar, FL

4. FEI Number

59-3456658

Applied For

Not Applicable

Zip

Country

Zip

Country

32579

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

JOENSUU, PIRJO H
17 MEIGS DRIVE
SHALIMAR FL 32579

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)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JOENSUU, PIRJO
STREET ADDRESS 17 MEIGS DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☒ Change ☐ Addition
NAME Joensuu Pirjo
STREET ADDRESS 28 Paradise Point Rd.
CITY-ST-ZIP Shalimar, FL 32579

TITLE D ☐ Delete
NAME ECKHARDT, NADA
STREET ADDRESS 222-A ANGLER DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (9/99)