2001 UNIFORM BUSINESS REPORT (USR).

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P9800006006 1. Entity Name BOREIKO, INC. 04-11-2001 90048 037 ***150 00 Principal Place of Business Mailing Address 12860 KENWOOD LNE 12880 KENWOOD LNE Fort Myers FL 33907 FORT MYERS FL 33907 しいりそうりょう 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0882952 Applied For Not Applicable Country -- Zip------_Country \$8.75 Additional 5. Certificate of Status Desired _ - _ 🔲 - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINSLOW, CARL H JR. Street Address (P.O. Box Number is Not Acceptable) 2256 HEITMAN ST FORT MYERS FL 33901 City 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 egens and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11, 12 **Change** Addition TITLE Delete TITLE Boreiko, Joseph BOREIKO, JOE 138 NAME NAME 950 moody Rd #138 STREET ADDRESS 950 MOODY RD #114 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33903 CITY-ST-7IP For+ myers FL 33903 PVST PVST Delete TITLE Change ☐ Addition TITLE Boreiko, Josephu 950 moody, Rd #138 BOREIKO, JOE 138 NAME NAME 950 MOODY RD ₩₩ STREET ADDRESS STREET ADDRESS -د: CITY-ST-ZIP FORT=MYERS: FL 33903 - .. CITY-ST-ZIP ~ For+ myers FL 33903 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Addition TIDE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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(3Xi), 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 poor 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 SIGNATURE: