

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PG90000084623

1. Entity Name

BORNELUS Professional Cleaning Service, COAP

Principal Place of Business

Mailing Address

4483 Salvia Dr.  
Orlando, FL 32839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 00-01

4. FEI Number 59-3600543

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

Guilene Bornelus  
4483 Salvia Dr.  
Orlando, FL  
32839

Name N/A Elie Jean Bornelus

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

5300 Pointe Vista Cr. Apt # 208

City Orlando

FL

Zip Code 32839

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 Elie Jean Bornelus

Elie Jean Bornelus

5/10/01

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 **\$5.00** May Be

07/03/01-01055-018

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE CEO/President ☐ Delete  
NAME Guilene Bornelus  
STREET ADDRESS 4483 Salvia Dr. Orlando, FL 32839  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 9/13/00 90016 042 \$550.00

TITLE Vice President ☒ Delete  
NAME Elie Jean Bornelus  
STREET ADDRESS 5300 Pointe Vista Cr Apt 208  
CITY-ST-ZIP Orlando, FL 32839

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300004458063-4  
STREET ADDRESS 07/03/01-01055-018  
CITY-ST-ZIP \*\*\*\*350.00 \*\*\*\*350.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Elie Jean Bornelus Guilene Bornelus

3/26/01

407 351-1619

CR2E034 (11/00)