

DOCUMENT # P99000093036

1. Entity Name

CHECK CALL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 40
BELL FL 32619P.O. BOX 40
BELL FL 32619-0040

2. Principal Place of Business

3. Mailing Address

201 SW Swanee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Branford FL

City & State

Zip

32008

Country

USA

Zip

Country

4. FEI Number

59-3607083

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORTON, J. MICHAEL
2679 N.W. 91S LANE
BRANFORD FL 32008

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 State10. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-----------------------|--------------------|----------------|---------------|-------|------|----------------|-------------|
| D/President | BORTON, J. MICHAEL | P.O. BOX 40 | BELL FL 32619 | | | | |
| D/Treasurer/Secretary | BORTON, SANDRA I | P.O. BOX 40 | BELL FL 32619 | | | | |
| Assistant Treasurer | MAY, Bobby D. | P.O. BOX 516 | BELL FL 32619 | | | | |
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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 #

FILED
Apr 20, 2000 8:00 am
Secretary of State

01-19-2000 90304 032 ***158.75



DO NOT WRITE IN THIS SPACE

CR2034 (9/99)