

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91066 040 ***150.00

0009394 AV

DOCUMENT # 445837

1. Entity Name
BURTON ELECTRONICS, INC.



Principal Place of Business
1860 N PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

Mailing Address
1860 N PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1508820

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLURE, GEORGE
3 PALM ROW
ST. AUGUSTINE FL

Name

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

170-A Malaga Street

City

FL

Zip Code

32084

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD BURTON, MARION**
STREET ADDRESS **PO BOX 127 N/A**
CITY-ST-ZIP **ST AUGUSTINE FL 32033**

TITLE Change Addition
NAME **VPO**
STREET ADDRESS **1860 N Ponce De Leon Blvd**
CITY-ST-ZIP **32084**

TITLE Delete
NAME **VP BURTON, ROBERT**
STREET ADDRESS **1860 N PONCE DE LEON BLVD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE Change Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ST END, NATALIE A.**
STREET ADDRESS **2751 RACE TRACK ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Robert B. Burton

4/17/03

904-824-1541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (10/02)