

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90852 015 \*\*\*150.00

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**DOCUMENT # H42413**



**1. Entity Name**  
**BURKHARDT DRAFTING CORPORATION**

**Principal Place of Business**  
12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414

**Mailing Address**  
12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-2494516

Applied For  
Not Applicable

Zip Country

Zip Country

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

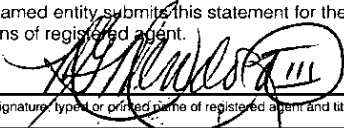
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DE MENDOZA, MARIO G III  
C/O MENDOZA AND CALLAS  
251 ROYAL PALM WAY SUITE 602  
PALM BEACH FL 33480

Name  
**Mario G. de Mendoza, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
12765 Forest Hill Boulevard, Suite 1302  
City Wellington FL Zip Code 33414

**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  **Mario G. de Mendoza, III, President** 01/15/03

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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURKHARDT, CRAIG A. 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKHARDT, CRAIG A. 251 ROYAL PALM WAY. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, MARIO G., III 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILKINSON, DEBRA 251 ROYAL PALM WAY PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURKHARDT, DENISE T. 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Burkhardt, Craig A. 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Burkhardt, Craig A. 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS de Mendoza, III, Mario G. 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Burkhardt, Denise T. 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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  **Craig Burkhardt, President** 01/15/03 (561) 798-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)