

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020795

1. Entity Name

BURTON & ASSOCIATES, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90043 040 \*\*\*150.00

Principal Place of Business

Mailing Address

2902 ISABELLA BLVD.  
SUITE 20  
JACKSONVILLE BEACH FL 32250

2902 ISABELLA BLVD.  
SUITE 20  
JACKSONVILLE BEACH FL 32250

00000133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3301950

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

BURTON, MICHAEL E  
440 OSCEOLA AVE.  
JACKSONVILLE BEACH FL 32250

Name Burton, Michael E  
Street Address (P.O. Box Number is Not Acceptable)  
2902 Isabella Blvd.  
Suite 20  
City Jacksonville Beach FL Zip Code 32250

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01  
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 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	Delete
P	BURTON, MICHAEL	440 OSCEOLA AVE.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
V	LOCKRIDGE, ROBERT	440 OSCEOLA AVE.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
V	GRIFFIN, CYNTHIA	440 OSCEOLA AVE.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Burton, Michael	2902 Isabella Blvd. Ste 20	Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Lockridge, Robert	2902 Isabella Blvd. Ste 20	Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Griffin, Cynthia	2902 Isabella Blvd. Ste 20	Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Michael E Burton Michael E Burton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

4/27/01 (904) 247-0882  
Date Daytime Phone #

CR2E034 (10/00)