2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79268

BURTON INSTRUMENT COMPANY, INC.

Driverine I Place of Busine		Mailing Address			
Principal Place of Business The INST. CO The INST ST T		Mailing Address RT 5 BOX 5724 LAKE BUTLER FL 32054-9641 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zìp	Country	Zip	Country		

May 01, 2000 8:00 am Secretary of State 05-01-2000 90390 003 ***150.00

Surie, Apt. 6, etc. City & State City & FL Zip Code The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. City FL Zip Code City Fl		-L 32033	03		1 (\$2000); 114 (\$2000) (\$1150 \text{16.00})	. 81811 6 1811 81811 81811 1881		
City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Per Requirement Agent T. Name and Address of New Registered Agen	. Principal Place of Business 3. N		3. Mailing Address					
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EVERY DEPTH ADDRESS OF PARTIES AND DIRECTORS SUSTED ADDRESS OF PARTIES AND DIRECTORS LEE ALONESS LEE ALONE	City & State		City & State		4. FEI Number 59-2866725	<u> </u>		
BURTON, LARRY D RT 5 BOX 5724 LAKE BUTLER FL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Zìp	Country	Zip	Country		\$8.75 Additional		
BURTON, LARRY D RT 5 BOX 5724 LAKE BUTLER FL 32054 City FL Zip Code City FL Zip Co		6. Name and Address of Curre	nt Registered Agent	<u> </u>				
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. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GINATURE Septiates, bond or present reares of registered agent, or both, in the State of Florida. GIANTURE CINATURE SECTIONS OF RESIDENCE OF PLANTS OF PRESENT OF PLANTS O				Name	The second secon			
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L 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	ITY-ST-ZIP			CITY-ST-ZIP				
	3. I hereby	certify that the information supplied v	with this filing does not qualify f	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further cer	tify 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