

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91600 001 ***150.00
05-28-2002 91600 002 *****8.75

DOCUMENT # P95000061541

1. Entity Name **Susie + Riley Inc.,**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5420 Pensacola Blvd

Suite, Apt. #, etc.

Pensacola Fla.

City & State

Zip
32505

Country
USA

3. Mailing Address

1257 Tall Pines Tr.

Suite, Apt. #, etc.

Gulf Breeze

City & State

Zip
32561

Country
USA

DO NOT WRITE IN THIS SPACE

4. FFJ Number

593330417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph Crowell

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

2115 E. Desoto St.

City

Pensacola

FL

Zip Code

32503

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Riley A. Burke
1257 Tall Pines Tr.
Gulf Breeze Fla. 32561**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Sec. / Treasurer
Susan Burke
1257 Tall Pines Tr.
Gulf Breeze Fla. 32561**

TITLE
NAME
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CITY - ST - ZIP

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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)(f), 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 it 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Burke Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-02 438-7979

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

P00000053718 5-01-02
Dear Sir - P95000061541

I did not receive a form to
renew a corporation -

Burke Development Company
Susie + Riley Inc

was not received - They must
have been lost in the mail -

Please ensure our mailing
address

1257 Tall Pines Tr.

Gulf Breeze Fla. 32561

Thank You -

J Burke
Vice President