

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90014 023 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 217262</b>			
1. Entity Name <b>JOHN BURGSTINER, INC.</b>			
Principal Place of Business <b>4562 CLARK ROAD P. O. BOX 5761 SARASOTA FL 24233 US</b>		Mailing Address <b>P. O. BOX 5761 SARASOTA FL 24277 US</b>	
2. Principal Place of Business <b>4562 CLARK Road</b>		3. Mailing Address <b>P.O. Box 5761</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>	
Zip <b>34233</b>		Zip <b>34277</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-0872389</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCFADDEN, J. P. 255 CEDAR PARK CIRCLE SARASOTA FL 34242</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD MCFADDEN, JERRY P 255 CEDAR PARK CIRCLE SARASOTA FL 34242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5166 KESTRAL PARK TERRACE SARASOTA FL 34231</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD MCFADDEN, JERRY P 255 CEDAR PARK CIRCLE SARASOTA FL 34242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5166 KESTRAL PARK TERRACE SARASOTA FL 34231</b>	
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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)(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: <b>John P. McFadden</b>		Date: <b>1-2-01</b> Daytime Phone #: <b>(941) 925-9403</b>	

CR2E034 (10/00)