

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90052 025 ***150.00

DOCUMENT # 218386

1. Entity Name
BURROUGHS HOLDING CO.

Principal Place of Business
2626 APACHE AVENUE
JACKSONVILLE FL 32210

Mailing Address
2626 APACHE AVENUE
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

P.O. Box 77
ORTEGA STATION

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, FL.

4. FEI Number **59-0856436**

Applied For
 Not Applicable

Zip

Country

Zip
32210

Country
DUVAL

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

BURROUGHS JR, R B
2626 APACHE AVENUE
JACKSONVILLE FL 32210

Name

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

City

FL

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 *R.B. Burroughs Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar. 11 2002

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, 2002 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
PD
BURROUGHS JR, R B
2626 APACHE AVE
JACKSONVILLE, FL 00000 32210

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
BURROUGHS, C.R.
2626 APACHE AVE.
JACKSONVILLE FL 32210

☐ Delete

TITLE
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☐ Change ☐ Addition

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: *R.B. Burroughs Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

R.B. BURROUGHS, JR. **904-384-7705**

Date

Daytime Phone #

CR2E034 (9/01)