

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 250833****1. Entity Name**
BURNT STORE UTILITIES, INC.**FILED**
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90199 044 ***150.00

Principal Place of Business**1625 WEST MARION AVE**
STE 1
PUNTA GORDA FL 33950
US**Mailing Address****212 SOUTH CENTRAL**
STE 100
ST LOUIS MO 63105
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1757998**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MOORE, JAMES E**
1625 W MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950**7. Name and Address of New Registered Agent**

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

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) ☒**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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
SDC
LOVE, ANDREW S., JR.
212 SOUTH CENTRAL, SUITE 100
ST LOUIS MO 63105 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHIFFER, LAURENCE A.
212 SOUTH CENTRAL, SUITE 100
ST LOUIS MO 63105 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
AST
CLEMENT, GLORIA D.
212 SOUTH CENTRAL SUITE 100
ST LOUIS MO 63105 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
KOVARIK, ANNETTE
212 SOUTH CENTRAL, SUITE 100
ST LOUIS MO 63105 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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** *Gloria D. Clement*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/22/02
Date(314) 512-8711
Daytime Phone #

CR2E034 (9/01)