

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 330660

1. Entity Name

C. R. BURNETT & SONS, INC.



03 MAR 26 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7303 36th AVE. EAST

Suite, Apt. #, etc.

3. Mailing Address

7303 36th AVE. EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALMETTO, FL. 34221

City & State

PALMETTO, FL. 34221

4. FEI Number

59-1215397

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34221

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tolliver Burnett

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

103 40th ST. CT. N.W.

City

BRADENTON

FL

Zip Code

34209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tolliver Burnett

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

(NOTE: Registered Agent signature required when reinstating)

3/20/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BURNETT, TOLLIVER M.
STREET ADDRESS 103 40th ST. CT. N.W.
CITY-ST-ZIP BRADENTON, FL 34209

TITLE DT
NAME BURNETT, CECIL JR.
STREET ADDRESS 7303 36th AVE. EAST
CITY-ST-ZIP PALMETTO, FL. 34221

TITLE VD
NAME STRICKLAND, VERA JO
STREET ADDRESS 15704 C.R.675
CITY-ST-ZIP PARRISH, FL. 34219

TITLE PD
NAME STRICKLAND, LEE
STREET ADDRESS 15704 C.R. 675
CITY-ST-ZIP PARRISH, FL. 34219

TITLE SD
NAME BURNETT, HAZEL J
STREET ADDRESS 103 40th ST. CT. N.W.
CITY-ST-ZIP BRADENTON, FL. 34209

TITLE D
NAME BURNETT, BONNIE
STREET ADDRESS 7303 36th AVE. EAST
CITY-ST-ZIP PALMETTO, FL. 34221

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03/26/03--01004--006 **300.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vera Jo Strickland Vera Jo Strickland 2/28/03 941-722-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)