

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90101 026 ***150.00

DOCUMENT # 454055

1. Entity Name
BURGESS ENGINEERING, INC.



Principal Place of Business
**6292 MORGAN LA FEE LANE
FT. MYERS FL 33912**

Mailing Address
**6292 MORGAN LA FEE LANE
FT. MYERS FL 33912**



2. Principal Place of Business
12995 S. CLEVELAND AVE.

3. Mailing Address

Suite, Apt. #, etc.
#229

Suite, Apt. #, etc.

City & State
Fort Myers, FL.

City & State

Zip
33907

Country
USA

Zip

Country

4. FEI Number
59-1649766

Applied For
Not Applicable

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

**BURGESS, JOSEPH H.
6292 MORGAN LA FEE LANE
FT. MYERS FL 33912**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURGESS, DELORES A 6292 MORGAN LA FEE LANE FT MYERS, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, JOSEPH H 6292 MORGAN LA FEE LANE FT MYERS, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph H. Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

941-274-0020

Daytime Phone #

CR2E034 (10/02)