

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90035 023 \*\*\*150.00

DOCUMENT # 557961

1. Entity Name  
BURNITA ENTERPRISES, INC.

Principal Place of Business

5225 SNEAD ISLAND RD.  
PALMETTO FL 34221  
US

Mailing Address

P.O. BOX 1026  
PALMETTO FL 34220  
US

2. Principal Place of Business

2625 Terra Cera Bay Blvd

3. Mailing Address

Unchanged

Suite, Apt. #, etc.

# 205

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Palmetto FL

Zip

34221

Country

United States

Zip

34220

Country

United States

4. FEI Number

59-1794504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSON, BURRITT R.  
5225 SNEAD ISLAND RD  
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name LARSON, Burritt R.

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

2625 Terra Cera Bay Blvd

# 205

City

Palmetto

FL

Zip Code

34221

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 Burritt R. Larson V.

1-22-02

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	PDS LARSON, JUANITA F 907-5TH STREET, W. PALMETTO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LARSON, BURRITT R 907-5TH STREET, W. PALMETTO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2625 Terra Cera Bay Blvd #205 Palmetto FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2625 Terra Cera Bay Blvd #205 Palmetto FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Burritt R. Larson V. 1-22-02 941-722-5995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)