

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90070 009 \*\*\*150.00

**DOCUMENT # 591806**

1. Entity Name  
**BURNS SERVICES, INC.**



Principal Place of Business  
**400 NINTH AVE., SOUTH  
SAFETY HARBOR FL 34695**

Mailing Address  
**400 NINTH AVE., SOUTH  
SAFETY HARBOR FL 34695**

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 **59-1870729**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**THACKER II, O. STEPHEN  
407 S. EWING AVE  
CLEARWATER FL 33517**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE **P** ☐ Delete  
NAME **FRANKENFIELD, RICHARD H.**  
STREET ADDRESS **10 TURTLE CREEK CIRCLE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **CEO** ☐ Delete  
NAME **BURNS, GERALD M.**  
STREET ADDRESS **500 BAYSHORE BLVD. N**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **V** ☐ Delete  
NAME **CRIST, KIMBERLY S.**  
STREET ADDRESS **2951 EAGLE ESTATE CIRCLE EAST**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **COO** ☐ Delete  
NAME **CRIST, JOHN**  
STREET ADDRESS **2951 EAGLE ESTATE CIRCLE EAST**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **Sr. VP** ☐ Delete  
NAME **Robert Keller**  
STREET ADDRESS **7439 Pebble Dr**  
CITY-ST-ZIP

TITLE **SEC/TREA.** ☐ Delete  
NAME **Rick Augustine**  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Chief Op. Officer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Sr. VP** ☐ Change ☒ Addition  
NAME **Robert Keller**  
STREET ADDRESS **7439 Pebble Dr.**  
CITY-ST-ZIP **Ft. Worth, TX 76118**

TITLE **SEC/TREA** ☐ Change ☒ Addition  
NAME **Rick Augustine**  
STREET ADDRESS **7439 Pebble Dr.**  
CITY-ST-ZIP **Ft. Worth, TX 76118**

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: *Richard H. Frankenfield, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

727-726-4245

Daytime Phone #

CR2E034 (10/02)