

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90631 044 ***150.00

DOCUMENT # 650952

1. Entity Name
BURTON AND ROLLEY, INC.



Principal Place of Business
**5535 MEMORIAL HIGHWAY
TAMPA FL 33634**

Mailing Address
**5535 MEMORIAL HIGHWAY
TAMPA FL 33634**

2. Principal Place of Business
6301 Memorial Hwy.

3. Mailing Address
6301 Memorial Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

Suite 303

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33615-4573

Country
USA

Zip
33615-4573

Country
USA

4. FEI Number
59-1962453

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

7. Name and Address of New Registered Agent

**ROLLEY, ROBERT A
5535 MEMORIAL HWY
TAMPA FL 33634**

Name

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

6301 Memorial Highway, Suite 303

City
Tampa

FL

Zip Code
33615-4573

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
**PTD
BURTON, ROBERT H
5535 MEMORIAL HIGHWAY
TAMPA, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6301 Memorial Highway, Suite 303
Tampa, Florida 33615-4573** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ROLLEY, ROBERT A
5535 MEMORIAL HIGHWAY
TAMPA, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6301 Memorial Highway, Suite 303
Tampa, Florida 33615-4573** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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, which is not like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

813-889-0835

Daytime Phone #

CR2E034 (10/02)