

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91449 035 ***150.00

0961954 AB

DOCUMENT # F01000006010

1. Entity Name

BURNS PERSONNEL, INC.



Principal Place of Business

**3300 MONROE AVE.
ROCHESTER NY 14618**

Mailing Address

**3300 MONROE AVE.
ROCHESTER NY 14618**

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

16-0954172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAYBUCK, DEBRAH
12421 N. FLORIDA AVE.
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name **CHERRIE KELLEY**

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

12421 N. FLORIDA

City

Tampa

FL

Zip Code

33612

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

Cherrie Kelley

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

(NOTE: Registered Agent signature required when reinstating)

4/17/03

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

TITLE **CS** ☐ Delete
NAME **BURNS, L. ROBERT**
STREET ADDRESS **2 HIGHLIDGE DRIVE**
CITY-ST-ZIP **PENFIELD NY 14526**

TITLE **PT** ☐ Delete
NAME **TEDESCO, JACQUELINE**
STREET ADDRESS **3300 MONROE AVE.**
CITY-ST-ZIP **ROCHESTER NY 14618**

TITLE **V** ☐ Delete
NAME **MAZZACANE, JOHN**
STREET ADDRESS **330 MONROE AVE.**
CITY-ST-ZIP **ROCHESTER NY 14618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD68** ☐ Change ☐ Addition
NAME **23558**

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

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

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

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

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

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

OK TO PAY	DUE DATE
OK	4-22
ACCT. #	AMOUNT
800	150.00
TOTAL	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

(585) 385-6300

Daytime Phone #

CR2E034 (10/02)