

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F67404

1. Entity Name

BURT GROUP INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90159 012 \*\*\*150.00

Principal Place of Business

Mailing Address

3717 DELPRADO BLVD.  
STE 6  
CAPE CORAL FL 33904  
US

PO BOX 1526  
CAPE CORAL FL 33910-1400  
US

2. Principal Place of Business

3. Mailing Address

3613 Delprado Blvd  
Suite, Apt. #, etc.

3613 Delprado Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cape Coral FL

Cape Coral FL

4. FEI Number

58-1498089

Applied For

Not Applicable

Zip

Country

33904

USA

Zip

Country

33904

USA

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

HAYWOOD, STEPHEN  
3612 DEL PRADO BLVD  
STE 6  
CAPE CORAL FL 33904

Name

Stephen Haywood

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

c/o Tudor Villas

3613 Del Prado Blvd

City

Cape Coral

FL

Zip Code

33904

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME SINCLAIR, JAMES M  
STREET ADDRESS 2089 ARTHUR STREET WEST  
CITY-ST-ZIP THUNDER BAY, ONTARIO

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

TITLE D ☐ Delete  
NAME HAYWOOD, STEPHEN  
STREET ADDRESS 3613 DEL PRADO BLVD  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE DS ☐ Delete  
NAME GARNER, GARY E  
STREET ADDRESS 1310-405 WAVERLY ST.  
CITY-ST-ZIP THUNDER BAY ON

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M Sinclair 16/03/2000 807-623-5211

Date

Daytime Phone #

CR2E034 (9/99)