

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # F99000002146

1. Entity Name

MR. BURLINGTON, INC.

FILED

00 AUG -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

11018 ATLEE STREET
NEWPORT RICHEY FL 34564

Mailing Address

11018 ATLEE STREET
NEWPORT RICHEY FL 34564

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



4/25/00 90023 030 \$150.00
DO NOT WRITE IN THIS SPACE
431165 2296

4. FEI Number

Applied For

Not Applicable

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

KEAN, RANDY J
11018 ATLEE STREET
NEWPORT RICHEY FL 34564

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CSV
KEAN, MELISSA
11018 ATLEE STREET
NEWPORT RICHEY FL 34564 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVCT
KEAN, RANDY
11018 ATLEE STREET
NEWPORT RICHEY FL 34564 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2000

Date

727-379-0111

Daytime Phone #

CR2E034 (5/00)

KB

282

To: - Whom it Concerns

I Melisa Kean
I am the Vice President
of the Company

Mr. Burlington INC.

I am sorry that you didn't
get your paper work back but
it was sent out to you and
my ~~check~~ check was cashed
in the amount of \$90⁰⁰ Dollars.
In April of 2000.

if there
are problems or questions
please call.

Home 727-379-0111

Cell phone 727-838-4032

Thank you
Sincerely

Melisa Kean