

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G89264**

1. Entity Name

**BBBS WORDS, INCORPORATED**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90034 004 \*\*\*150.00

Principal Place of Business

Mailing Address

**1818 CAESAR WAY S.  
ST PETERSBURG FL 33712**

**1818 CAESAR WAY S.  
ST PETERSBURG FL 33712-4220**

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

**59-2440562**

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

**BURKE, DONALD E.  
1818 CAESAR WAY SOUTH  
ST. PETERSBURG FL 33712**

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 \$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	PD	<input type="checkbox"/> Delete
NAME	BURKE, DONALD E	
STREET ADDRESS	1818 CAESAR WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKE, PATRICIA M.	
STREET ADDRESS	1818 CAESAR WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURKE, ROBERT J.	
STREET ADDRESS	6110 WHITEWAY DR	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, RICHARD E.	
STREET ADDRESS	309 N GERTRUDA AVE	
CITY-ST-ZIP	REDONDO BCH CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, BARBARA P.	
STREET ADDRESS	959 STONEWOOD LANE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, WILLIAM J.	
STREET ADDRESS	308 LORUNA DR.	
CITY-ST-ZIP	GULF BREEZE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, WILLIAM J.	
STREET ADDRESS	427 DRACENA WAY	
CITY-ST-ZIP	GULF BREEZE FL	

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: Donald E. Burke PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 867-1576

Daytime Phone #

CR2E034 (9/99)