

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H42413

1. Entity Name

BURKHARDT DRAFTING CORPORATION

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90013 040 ***150.00

Principal Place of Business	Mailing Address
W MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480	W MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480-2715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Mendoza and Callas	c/o Mendoza and Callas

Suite, Apt. #, etc.	Suite, Apt. #, etc.
251 Royal Palm Way, Ste 602	P. O. Box 2715

City & State	City & State	4. FEI Number	59-2494516	Applied For
Palm Beach, FL	Palm Beach, FL			Not Applicable
Zip	Zip	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
33480	33480			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MENDOZA, CALLAS & SCHILLING ---~~
~~251 ROYAL PALM WAY, 6TH FLOOR ---~~
~~PALM BEACH FL 33480 -----~~

Name	Mario G. de Mendoza, III
Street Address (P.O. Box Number is Not Acceptable)	c/o Mendoza and Callas
	251 Royal Palm Way, Suite 602
City	Palm Beach
State	FL
Zip Code	33480

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  Mario G. de Mendoza, III, Reg. Agt 2/8/00

Signature typed or printed name of registered agent and fee 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	PTD	TITLE	
NAME	BURKHARDT, CRAIG A.	NAME	
STREET ADDRESS	251 ROYAL PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	BURKHARDT, CRAIG A.	NAME	
STREET ADDRESS	251 ROYAL PALM WAY.	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	TITLE	
NAME	DE MENDOZA, MARIO G., III	NAME	
STREET ADDRESS	251 ROYAL PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	TITLE	
NAME	WILKINSON, DEBRA	NAME	
STREET ADDRESS	251 ROYAL PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	TITLE	
NAME	BURKHARDT, DENISE T.	NAME	
STREET ADDRESS	251 ROYAL PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Craig A. Burkhardt, Pres. 4/15/2000 (561) 562-1311 (Sci) 798-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1014 (0000)