

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90724 013 ***150.00

0117810 AV

DOCUMENT # H47851

1. Entity Name

BURKE BUILDERS, INC.

Principal Place of Business

750
15 N ATLANTIC AVE
APT 401 308
COCOA BEACH FL 32931
US

Mailing Address

750
15 N ATLANTIC AVE
APT 401 308
COCOA BEACH FL 32931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

750 N. ATLANTIC AVE #308

City & State

Suite, Apt. #, etc.

750 N. ATLANTIC AVE #308

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2489893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T
15 N ATLANTIC AVE SUITE 401
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

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

750 N. ATLANTIC AVE #308

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

Matthew T. Burke

1/9/01

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, 2002 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

TITLE **PD** ☐ Delete
NAME **BURKE, MATTHEW T.**
STREET ADDRESS **15 N ATLANTIC AVE #401**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE **VD** ☐ Delete
NAME **BURKE, ROBERT V.**
STREET ADDRESS **15 N ATLANTIC AVE SUITE 401**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE **VD** ☐ Delete
NAME **BURKE, JOHN F**
STREET ADDRESS **15 N ATLANTIC AVENUE #401**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 N. ATLANTIC AVE #308**
CITY-ST-ZIP **32931**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 N. ATLANTIC AVE #308**
CITY-ST-ZIP **32931**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **750 N. ATLANTIC AVE #308**
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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)(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:

Matthew T. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)