2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J45812** 1. Entity Name BURNEY J. CARTER, P.A. Principal Place of Business Mailing Address 1623 NORTH US HWY 1 1623 NORTH US HWY 1 SUITE A2 SUITE A2 SEBASTIAN FL 32958-3879 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent Name CARTER, BURNEY J.

1623 NORTH U.S. HWY. #1

9. This corporation is eligible to satisfy its Intangible

CARTER, BURNEY J.

1623 US HWY 1

SEBASTIAN FL

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

SEBASTIAN FL 32958

STE. A-2

(See criteria on back)

SIGNATURE .

11.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

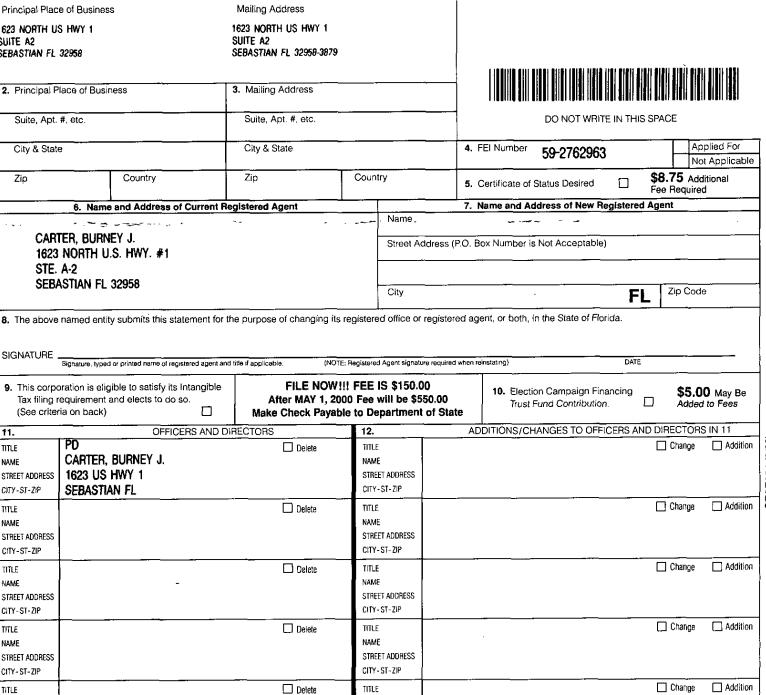
NAME

CITY-ST-ZIP

CITY-ST-7/P

FILED Jun 05, 2000 8:00 am **Secretary of State**

06-05-2000 90009 047 ***150.00



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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE NAME

NAME STREET ADDRESS

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition