2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97523

1. Entity Name

ANNA MAE WALSH BURKE, P.A.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90049 039 ***150.00

			A CONTENTS	7	
Principal Place of Business 2409 NE 37 ST FT LAUDERDALE FL 33308 US		Mailing Address 2409 NE 37 ST SUITE 500 FT LAUDERDALE FL 333	08	(1881) 18 8/18 (8/1) (880) 9/118 (1/14 8/1) 11	NI
2. Principal	Place of Business	US 3. Mailing Address			
Suite, Ap	ot. #. etc.	Suite, Apt. #, etc.			
		odite, Apt. #, etc.		☐ CHECK HERE IF MAK	NG CHANGES
City & Sta		City & State		4. FEI Number 65-0009575	Applied Fo
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applic \$8.75 Additional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registere	Fee Required
			Name	The state of the s	o Agent
	ANNA MAE WALSH ESQ		Street Address	s (P.O. Box Number is Not Acceptable)	
2409 NE	_		Officer Address	(r.o. Box Number is Not Acceptable)	
्रFT LAUDI	ERDALE FL 33308	1. 1			
	In the this	11-11-1	City		Zip Code
8. The above		x oluntes	*	F	
the obliga	tions of registered agent.	or the purpose or changing its	registered office or registe	ered agent, or both, in the State of Florida. I a	m familiar with, and acce
SIGNATURE	Han				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
	ILE NOW!!! FEE IS \$150.00			DAR	
Afte	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May B
Make Chec	k Payable to Florida Department o	f State		Trust Fund Contribution.	☐ Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addi
NAME	BURKE, ANNA MAE WALSH		NAME		
STREET ADDRESS CITY-ST-ZIP	2409 NE 37 ST		STREET ADDRESS		
	FT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addit
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		□ Delete			
NAME	· ÷	Delete	TITLE	e de employee	☐ Change ☐ Addit
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		,
TITLE	-	☐ Delete	TITLE		☐ Changé ☐ Additi
NAME			NAME		☐ Onlange ☐ Auctil
STREET ADDRESS City-St-Zip			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Additi
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TILE			-		
IAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
TREET ADDRESS			STREET ADDRESS		
ITY-ST-ZIP			CITY-ST-ZIP		
2. I hereby co	ertify that the information supplied with t	this filing does not qualify for t	he exemption stated in Se	ction 119 07(3)(i) Florida Statutos I further ea	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 💪

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

1/12/03

Daytime Phone #

32E034 (10/02)