

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91206 009 ***158.75

DOCUMENT # K08283

1. Entity Name
BURNS' HAPPY HOLLOW, INC.



Principal Place of Business
1361 QUINTARA CT
MARCO ISLAND FL 34145

Mailing Address
1361 QUINTARA CT
MARCO ISLAND FL 34145

2. Principal Place of Business

1361 Quintara CT

Suite, Apt. #, etc.

3. Mailing Address

1361 Quintara CT

Suite, Apt. #, etc.

City & State

Marco Is. FL

City & State

Marco Island FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. FEI Number 65-0039433

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B.
1104 N COLLIER BLVD
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, ROBERT H.	
STREET ADDRESS	N22 W29084 HAPPY HOLLOW	
CITY-ST-ZIP	PEWAUKEE WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, SHARON	
STREET ADDRESS	N22 W29084 HAPPY HOLLOW	
CITY-ST-ZIP	PEWAUKEE WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, WILLIAM D.	
STREET ADDRESS	N22 W29084 HAPPY HOLLOW	
CITY-ST-ZIP	PEWAUKEE WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNUTSON, SUZANNE	
STREET ADDRESS	N22 W29072 HAPPY HOLLOW RD	
CITY-ST-ZIP	PEWAUKEE WI 53072	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Sharon Burns **Sharon Burns** **4-18-03** **239-642-5641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)