

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90153 037 ***150.00

DOCUMENT # K14859

1. Entity Name
BURNER AND COMPANY



Principal Place of Business
4955 HIGGINBOTHAM RD
FT. MYERS FL 33905
US

Mailing Address
4955 HIGGINBOTHAM RD
FT. MYERS FL 33905
US



2. Principal Place of Business

2608 FIRST ST.

Suite, Apt. #, etc.

3. Mailing Address

2608 FIRST ST.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number 59-2745677

Applied For

Not Applicable

Zip

33916

Country

LEE

Zip

33916

Country

LEE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTUSO, THERESA
4955 HIGGINBOTHAM RD
FT MYERS FL 33905

7. Name and Address of New Registered Agent

Name THERESA ARTUSO

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

2608 FIRST ST.

City

FT. MYERS

FL

Zip Code

33916

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

Theresa Artuso

THERESA ARTUSO

4/2/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARTUSO, THERESA	
STREET ADDRESS	4955 HIGGINBOTHAM RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHERMAN, STACIE	
STREET ADDRESS	4955 HIGGINBOTHAM ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2608 FIRST ST.
CITY-ST-ZIP	FT. MYERS, FL 33916
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2608 FIRST ST.
CITY-ST-ZIP	FT. MYERS, FL 33916
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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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 all other like empowered.

SIGNATURE:

Theresa Artuso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 (239) 334-4446

Date

Daytime Phone #

CR2E034 (10/02)