

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50610

1. Entity Name

BURKE & ASSOCIATES MARKETING COMPANY

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90016 001 \*\*\*550.00

Principal Place of Business

17757 US 19 N.  
SUITE 265  
CLEARWATER FL 33764

Mailing Address

17757 US 19 N.  
SUITE 265  
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2925248

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITSON, EDMUND S  
17757 US 19 N.  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name **JOSEPH F. BURKE**  
Street Address (P.O. Box Number is Not Acceptable) **17757 US 19 N # 265**  
City **CLEARWATER** FL **33764**

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

*Joseph F. Burke* **JOSEPH F. BURKE** **7-13-2000**  
(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PT** ☐ Delete  
NAME **BURKE, JOSEPH F.**  
STREET ADDRESS **17757 US 19 N. SUITE 265**  
CITY-ST-ZIP **CLEARWATER FL 33764**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph F. Burke* **JOSEPH F. BURKE** **7-13-2000** **539-1511**

CR2E034 (5/00)