FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90036 006 ***150.00

DOCUMENT # L37318

1. Entity Name

BURDICK P.A.

Principal Place of Business	Mailing Address
1110 N. OLIVE AVE W PALM BEACH FL 33401 US	P.O. BOX 790 WEST PALM BEACH FL 33402-0790 US

Ref No: 823295

2. Name and Address of Current Registered Agent

3. Effective Address

1110 N. Olive Ave
W. Palm Bch, FL

City, State, Zip: 33401 Palm Bch

4. FEI Number: 65-0170653

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURDICK, GEOFFREY C.
1110 N. OLIVE AVE
WEST PALM BEACH FL 33401

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.

SIGNATURE

9. [illegible]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. [illegible] $5.00 ☐ Added

11.

Title	D	☐ Delete
Name	BURDICK, SYLVAN B	
Street Address	1110 N. OLIVE AVE	
City-St-Zip	WEST PALM BEACH FL	
Title	D	☐ Delete
Name	BURDICK, GREGORY S	
Street Address	1110 N. OLIVE AVE	
City-St-Zip	WEST PALM BEACH FL	
Title	D	☐ Delete
Name	BURDICK, GEOFFREY C	
Street Address	1110 N. OLIVE AVE	
City-St-Zip	WEST PALM BEACH FL	
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		

12.

Title		☐ Change ☐ Add
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Add
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Add
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Add
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Add
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Add
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 a director or officer 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 12 if changed, added or deleted.

2-8-2002

SIGNATURE: [signature] President 2/22/2002 655 7200

SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR