

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # **L43568**

1. Entity Name

Hand M Burns Corp.

02 SEP 13 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 Carriage Dr

3. Mailing Address

105 Carriage Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka Fla

City & State

Palatka Fla

Zip

32177

Country

USA

Zip

32177

Country

USA

4. FEI Number *39-983307*
43568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

H&M Burns Corp - Harry D. Burns

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

105 Carriage Dr.

City

Palatka

FL

Zip Code

32177

**DO NOT WRITE
IN THIS SPACE**

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 *Harry D. Burns Pres*

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

(NOTE: Registered Agent signature required when reinstating)

Aug 14, 02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *Harry D. Burns, Pres*
NAME
STREET ADDRESS *105 Carriage Dr.*
CITY-ST-ZIP *Palatka Fla 32177*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000007807000--0
-09/17/02--01066--011
****150.00 ****150.00

TITLE *Madaline R. Burns, V. Pres*
NAME
STREET ADDRESS *105 Carriage Dr.*
CITY-ST-ZIP *Palatka Fla. 32177*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Diana L. Alibozek, Sec*
NAME
STREET ADDRESS *9480 SW 19th Ave Rd*
CITY-ST-ZIP *Deala, Fla 34476*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE *Colleen Dotson, Treas*
NAME
STREET ADDRESS *5460 5th St.*
CITY-ST-ZIP *St. Augustine Fla 32084*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *Harry D. Burns, Harry D. Burns Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)