

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90298 026 ***150.00

DOCUMENT # L79452

1. Entity Name
INLETS & ASSOCIATES, INC.



Principal Place of Business
**816 N. JEFFERSON AVENUE
CLEARWATER FL 33755
US**

Mailing Address
**816 N. JEFFERSON AVENUE
CLEARWATER FL 33755
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3075741**

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

7. Name and Address of New Registered Agent

DEAN, NORMA

~~1000 BROWN STREET~~

~~CLEARWATER FL 34645~~

Name

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

8079 98th St. NORTH

City **LARGO**

FL

Zip Code **33777**

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 *Norma Dean*

1/20/03

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** ☐ Delete
NAME **BURNEY, HARRY W JR**
STREET ADDRESS **816 N JEFFERSON AVE**
CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE **VD** ☐ Delete
NAME **BURNEY, ANTHONY S**
STREET ADDRESS **1310 SPRUCE ST**
CITY-ST-ZIP **SAFETY HARBOR FL 34965**

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

TITLE **VD** ☐ Delete
NAME **BURNEY, DOROTHEA D**
STREET ADDRESS **1470 SPRINGDALE ST.**
CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY W BURNEY **4/27/03 (727) 443-0195**
Date Daytime Phone #

CR2E034 (10/02)