

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P00000007988**

1. Entity Name

02 NOV 19 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**100009078721**  
11/19/02--01030--002 \*\*150.00

**T.J. BURTON ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**840 A1A NORTH**

3. Mailing Address

**840 A1A NORTH**

Suite, Apt. #, etc.

**320**

Suite, Apt. #, etc.

**320**

City & State

**POINTE VEDRA BEACH, FL**

City & State

**POINTE VEDRA BEACH, FL**

4. FEI Number

**593619959**

Applied For

Not Applicable

Zip

**32082**

Country

**ST. JOHNS**

Zip

**32082**

Country

**ST. JOHNS**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JOHN A LATSHAW JR.**

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

**3010 SOUTH THIRD STREET**

City

**JACKSONVILLE BEACH, FL**

Zip Code

**32250**

**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

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

(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) ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b><del>XXXXXXXXXX</del> D TIMOTHY J BURTON 840 A1A NORTH SUITE 320 POINTE VEDRA BEACH, FL 32082</b>
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/02

Date

(904) 280-9562

Daytime Phone #

CR2E034B (12/01)



840 A1A North, No.320  
Ponte Vedra Beach, Florida 32082  
904-280-9562

To Whom It May Concern:

I am writing in reference to reinstatement of my corporation. I received a letter dissolving my corporation. I never received notice to pay for the corporation papers. (The 150 dollars in annual dues). I was told to write a letter stating these facts and send in the annual dues. The state employee said the reinstatement fee would be waived.

Thank you

A handwritten signature in black ink, appearing to read "Tim Burton", written over a horizontal line.

Tim Burton  
593619959