FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90103 042 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034473

1. Entity Name
BURKEY, COOKSEY & WILLIAMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1661 SANDSPUR RD.	1661 SANDSPUR RD.
Suite, Apt. #, etc	Suite, Apt. #, etc
MAITLAND, FL.	MAITLAND, FL.
Zip 32751 / Country	Zip 32751 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3637725 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JULIE M. BURKEY

Street Address (P.O. Box Number is Not Acceptable) 1661 SANDSPUR RD.

City MAITLAND FL Zip 32751

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 resigning) 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	CEO
NAME	DARYL B. WILLIAMS
STREET ADDRESS	611 LAKE AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	PRESIDENT
NAME	JULIE M. BURKEY
STREET ADDRESS	1761 VIA TUSCANY
CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE	VP
NAME	GARY L. BURKEY
STREET ADDRESS	1761 VIA TUSCANY
CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE	VP/SECRETARY
NAME	GRADY M. COOKSEY, JR.
STREET ADDRESS	1630 GLEASON GREEN LN.
CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Julie M Burkey 4/22/02 (407) 682-1622
SIGNATURE AND TYPE OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date — Daytime Phone #
JULIE M. BURKEY