

2002 UNIFORM BUSINESS REPORT (UBR)

0001623 AV

DOCUMENT # P00000037454

1. Entity Name
BURKE QUALITY FRAMING, INC.

FILED

02 JUL 18 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2101 ORIOLE LN.
S. DAYTONA FL 32119**

Mailing Address
**2101 ORIOLE LN.
S. DAYTONA FL 32119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3639920**

Applied For

Not Applicable

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

**RUSSELL, DAVID B.
213 SILVER BEACH AVE.
DAYTONA BEACH FL 32118**

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. I am familiar with, and accept the obligations of registered agent.

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) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BURKE, THOMAS**
STREET ADDRESS **2101 ORIOLE LN.**
CITY-ST-ZIP **S. DAYTONA FL 32119**

TITLE ☐ Change ☐ Addition
NAME **500006590575-9**
STREET ADDRESS **-07/23/02-01045-015**
CITY-ST-ZIP *******150.00 *****150.00**

TITLE **D** ☐ Delete
NAME **BURKE, JANIE**
STREET ADDRESS **2101 ORIOLE LN.**
CITY-ST-ZIP **S. DAYTONA FL 32119**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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 Block 12 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

Thomas Burke, President

(386) 767-6160

002E0347402

July 9, 2002

BURKE QUALITY FRAMING INCORPORATED

2101 ORIOLE LANE

SOUTH DAYTONA, FL 32119



Attachment

P00000037454

PHONE (386) 767-6160

Dear Sir or Madam:

I am writing you to ask you to waiver the late fee. I never received the first notice of money due. I will make a note for next year to look for this letter from you and request one if I do not receive one to make my payment on time. I am terribly sorry and will not let this happen again. If I were aware I surely would have sent it on time. I do pay all my bills and taxes on time. I do not throw anything away and I have looked everywhere and did not have the first bill you sent. Sorry!

I am sending the 150.00 in hopes that you will waiver the late fee.

Thank you

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas F. Burke".

Thomas F. Burke / president- owner

BURKE QUALITY FRAMING INCORPORATED