

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90409 031 \*\*\*150.00

**DOCUMENT # P00000048808**

1. Entity Name

**BURKE HEDGES CORPORATION**

Principal Place of Business

1 BEACH DRIVE, S.E.  
 SUITE 101  
 ST. PETERSBURG FL 33701

Mailing Address

1 BEACH DRIVE, S.E.  
 SUITE 101  
 ST. PETERSBURG FL 33701

00029570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2857 EXECUTIVE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

City & State

City & State

CLEARWATER, FL

4. FEI Number

59-3643789

Applied For

Not Applicable

Zip

Country

Zip

Country

33762

USA

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

CHECHELE, T S  
 5625 CENTRAL AVENUE  
 ST. PETERSBURG FL 33710

Name

BURKE F. HEDGES

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

2857 EXECUTIVE DR.

SUITE 110

City

CLEARWATER, FL

Zip Code

33762

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

BURKE F. HEDGES 3/26/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	REES, MIKE	
STREET ADDRESS	1 BEACH DRIVE, S.E., SUITE 101	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL REES

3/26/01

Date

727-573-7755

Daytime Phone #

CR2E034 (10/00)