

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90203 025 ***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
2857 EXECUTIVE DRIVE
SUITE 110
CLEARWATER FL 33762

2. Principal Place of Business
11880 34 TH. ST. N.
Suite, Apt. #, etc.

3. Mailing Address
11880 34 TH. ST. N.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL 33762
Zip
33762
Country
USA

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4. FEI Number **59-3643789**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEDGES, BURKE F
2857 EXECUTIVE DRIVE
SUITE 110
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

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** _____

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **REES, MIKE**
STREET ADDRESS **1 BEACH DRIVE, S.E., SUITE 101**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **PD** ☐ **Change** ☒ **Addition**
NAME **BURKE HEDGES**
STREET ADDRESS **11880 34 TH. ST. N.**
CITY-ST-ZIP **CLEARWATER, FL 33762**

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

2/10/03 **727-573-7755**
Date **Daytime Phone #**

CR2E034 (10/02)