

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90270 014 ***150.00

DOCUMENT # P00000056095

1. Entity Name
BURNETT SURVEYING, INC.



Principal Place of Business
465 PATRICIA AVE
DUNEDIN FL 34698

Mailing Address
PO BOX 2753
DUNEDIN FL 34698

2. Principal Place of Business
1628 DALE MARY HWY

3. Mailing Address
1628 DALE MARY HWY

Suite, Apt. #, etc.
SUITE 106

Suite, Apt. #, etc.
SUITE 106

City & State
LUTZ, FL

City & State
LUTZ, FL

Zip
33548

Country
USA

Zip
33548

Country
USA

4. FEI Number 59-3652054

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURNETT, DOROTHY
755 KIRKLAND CIRCLE
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
DOROTHY BURNETT

Street Address (P.O. Box Number is Not Acceptable)
6014 RIVER RD.

City
NEW PORT RICHEY FL

Zip Code
34652

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 *Dorothy Burnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNETT, STEVEN E 755 KIRKLAND CIRCLE DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BURNETT, DOROTHY J 755 KIRKLAND CIRCLE DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, ALEX B JR. 465 PATRICIA AVE. DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNETT, STEVEN E. 1628 DALE MARY HWY, STE 106 LUTZ, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BURNETT, DOROTHY J. 1628 DALE MARY HWY, STE 106 LUTZ, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, ALEX B. JR. 1628 DALE MARY HWY, STE 106 LUTZ, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dorothy Burnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 813-948-6020

Date

Daytime Phone #

CR2E034 (10/02)