2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

ORLANDO FL 32803

1516 E HILLCREST ST. SUITE 307

P00000062555 **DOCUMENT #**

1. Entity Name

Principal Place of Business

ORLANDO FL 32803

1516 E HILLCREST ST. SUITE 307

PATRICK M. BURNS, CPA, PA



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90056 028 ***150.00

2. Principal Place of Business			3. Mailing Ad	3. Mailing Address			, in the same and			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State			FEI Number 59-3633595			lied For Applicable
Zip	Country Zip		Zip	Country		5. (5. Certificate of Status Desired			
	6. Name	and Address of Curre	nt Registered Age	nt		7. 1	Name and Address of New Regis	stered Age	ent	
					Name					
BURNS, PATRICK M					Ctroot Ad	Street Address (P.O. Box Number is Not Acceptable)				
1516 E HILLCREST ST, SUITE 307					Street Adv	uress (1.0. 0	ox Namber is Not Acceptable)			
ORLANDO		,								
01124120	0_00					City FL Zip Code				
•					1					
8. The above notine obligation			for the purpose of	changing its re	egistered office or r	registered ag	ent, or both, in the State of Florida	a. I am fan	niliar With, a	ind accept
SIGNATURE _	Cianatura broad	or printed name of registered ago	ant and title if applicable.	(NOTE:	Registered Agent signatur	e required when re	einstating)	DATE		
FII After	LE NOW!! May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 5 Florida Department	0	nt			9. Election Campaign Financ Trust Fund Contribution.		Added	May Be to Fees
10.	OFFICERS AND DIRECTORS				11.	ΑC	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS	455 STON	PATRICK M IEWOOD LANE D FL 32751		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed in Section	119 07/3Vi) Florida Statutes I fi		Change	Addition Addition
12. Thereby o	certify that th	ne intormation supplied	with this tiling does	not quality for	une exemption stat	ou in occioi	n 119,07(3)(i), Florida Statutes. I fu	h that Lar	n an officer	or director

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:

CR2E034 (10/02)