

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90277 050 ***150.00

DOCUMENT # P00000069445

1. Entity Name
THE BURKHARD AGENCY, INC.



Principal Place of Business
37 N. ORANGE AVENUE
SUITE 760
ORLANDO FL 32801

Mailing Address
37 N. ORANGE AVENUE
SUITE 760
ORLANDO FL 32801

2. Principal Place of Business

1517 ORANGWOOD AVE.

Suite, Apt. #, etc.

3. Mailing Address

1517 ORANGWOOD AVE.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip
32806

Country

U.S.A.

City & State

ORLANDO, FLORIDA

Zip

32806

Country

U.S.A.

4. FEI Number **59-3660867**

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BURKHARD, PETER A
37 N. ORANGE AVENUE
SUITE 760
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

1517 ORANGWOOD AVENUE

City

ORLANDO

FL

Zip Code

32806

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 **PETER A. BURKHARD, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 15, 2003

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **BURKHARD, PETER A**
STREET ADDRESS **37 N. ORANGE AVENUE SUITE 760**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **TS** ☒ **Delete**
NAME **SAVAGE, THURSDAY**
STREET ADDRESS **37 N ORANGE AVE STE 760**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2003 407 895-3092

Date Daytime Phone #

CR2E034 (10/02)