

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90135 021 ***150.00

DOCUMENT # P01000011727

1. Entity Name
BURCAW GEOTECHNICAL GROUP, INC.



Principal Place of Business
10840 SHELDON RD.
TAMPA FL 33626

Mailing Address
10840 SHELDON RD.
TAMPA FL 33626



2. Principal Place of Business

6402 W. Linebaugh Ave

Suite, Apt. #, etc.
Suite #A

City & State
Tampa, FL

Zip
33625

Country
Hillsborough

3. Mailing Address

6402 W. Linebaugh Ave

Suite, Apt. #, etc.
Suite #A

City & State
Tampa, FL

Zip
33625

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3698896**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELDMAN, DONNA J
2650 MCCORMICK DR., STE. 100
CLEARWATER FL 33759

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

TITLE **PTD** ☐ **Delete**
NAME **BURCAW, LAURIE**
STREET ADDRESS **10840 SHELDON RD.**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **VSD** ☐ **Delete**
NAME **FAULKNER, DAVID**
STREET ADDRESS **10702 PRESERVE LAKE DR**
CITY-ST-ZIP **CLEARWATER FL**

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 **6402 W. Linebaugh Ave. Ste #A**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **6402 W. Linebaugh Ave. Ste #A**
CITY-ST-ZIP **Tampa, FL 33625**

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

(813)882-4815

Date

Daytime Phone #

CR2E034 (10/02)