

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000045543

1. Entity Name

BURN RIVER II INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1772 SPLIT FORK DRIVE

Suite, Apt. #, etc.

City & State

City & State

OLDSMAR FL

Zip

Country

Zip

34677

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

Craig Webster

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

1772 SPLIT FORK DR

City

OLDSMAR

FL

Zip Code

34677

DO NOT WRITE
IN THIS SPACE

8. The above named entity or person that is required for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By the entity or person that is required for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

(Print the name of the person who signed the report on the back of this form.)

10/25/2002

9. This corporation is eligible to satisfy its biennial
Tax filing requirements and elects to do so.
(See criteria on back)
☐

January 1 - May 1 Fee is \$160.00

After May 1, Fee is \$800.00

Amended UBR is \$41.35

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.
☐
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	CRAIG WEBSTER	NAME	
STREET ADDRESS	1772 SPLIT FORK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without the employment.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER REQUIRED ON SUBMISSION

9.20.2002

Date

Signature Place

SOCIAL SECURITY NO 768 12 4828

2

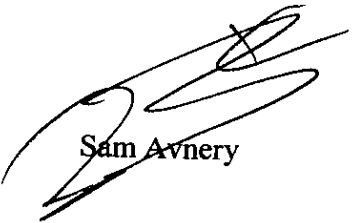
BURNS RIVER, INC.

P.O. Box 6327
Tallahassee, Fl 32314

Dear Patricia Bailey

As per our conversation I am sending back the check of \$165 as you instructed. Due to an address change to 16921 NE 6th Ave, North Miami Beach Fl. 33162 the information was not received and caused a delay.

Thank you,



Sam Avnery

16921 NE 6th Ave, North Miami Beach Fl. 33162