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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 28 AM 8:01

DOCUMENT # P01000045543

1. Entity Name

BURN RIVER II INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		1772 SPLIT FORK DRIVE Suite, Apt. #, etc.	
City & State		City & State OLDSMAR FL.	
Zip	Country	Zip 34677	Country USA

10/22/02 01062 001 165.00
DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE: C. A. Webster 10/25/2002
Signature of officer or director of registered agent and title, if applicable — DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CRAIG WEBSTER 1772 SPLIT FORK DRIVE OLDSMAR FL 34677
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: C. A. Webster 9.20.2002
SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL EXECUTING THIS REPORT — Date — Daytime Phone #

SOCIAL SECURITY NO 768 12 4828

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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