

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90701 015 ***158.75

DOCUMENT # P01000100267

1. Entity Name
BURTON ENGINEERING, INC.



Principal Place of Business
5535 MEMORIAL HIGHWAY
TAMPA FL 33634

Mailing Address
5535 MEMORIAL HIGHWAY
TAMPA FL 33634

2. Principal Place of Business
6301 Memorial Highway
Suite, Apt. #, etc.
Suite 303

3. Mailing Address
6301 Memorial Highway
Suite, Apt. #, etc.
Suite 303

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33615 **Country**
USA

Zip
33615 **Country**
USA

4. FEI Number **59-3752135**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, ROBERT H
5535 MEMORIAL HIGHWAY
TAMPA FL 33634

Name

Street Address (P.O. Box Number is Not Acceptable)
6301 Memorial Highway

Suite 303

City
Tampa

FL

Zip Code
33615

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 *Robert H. Burton*

1-8-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BURTON, ROBERT H**
STREET ADDRESS **5535 MEMORIAL HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H. Burton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03
Date

813-889-0835
Daytime Phone #

CR2E034 (10/02)