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**Jan 31, 2002 8:00 am**  
**Secretary of State**

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DOCUMENT # P01000102322

1. Entity Name  
BURGESS SERVICES, INC.

Principal Place of Business  
421 MOBILE AVE  
DAYTONA BCH FL 32118

Mailing Address  
421 MOBILE AVE  
DAYTONA BCH FL 32118

2. Principal Place of Business  
421 Mobile Ave  
Suite, Apt. #, etc.

3. Mailing Address  
421 Mobile Ave  
Suite, Apt. #, etc.

City & State  
Daytona Beach, FL  
Zip 32118  
Country Volusia

City & State  
Daytona Beach, FL  
Zip 32118  
Country Volusia

4. FEI Number  
59-3753575

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

6. Name and Address of Current Registered Agent  
BURGESS, SHIRLEY S.  
421 MOBILE AVE  
DAYTONA BCH FL 32118

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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS  
TITLE D  
NAME DAVIS, STEVEN R  
STREET ADDRESS 178 STANBROUGH DR  
CITY-ST-ZIP DALLAS GA 30157  
TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE P  
NAME BURGESS, Shirley S.  
STREET ADDRESS 421 Mobile Ave.  
CITY-ST-ZIP DAYTONA Beach, FL 32118  
TITLE  
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13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY S. BURGESS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 386-253-4319  
Date Daytime Phone #

Jan 31, 2002 8:00 am

Secretary of State

01-31-2002 90099 001 \*\*\*\*\*8.75

01-31-2002 90099 002 \*\*\*150.00

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