2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000037656 DOCUMENT

1. Entity Name

SUSAN A. BURTON, P.A.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90101 035 ***150.00

300 MOUNT AVE APOPMA FL 32703 - APOPMA FL 32705 Suite. Act. 4, etc. Suite Apt. 4, etc. City & State City & City & State City & State City & State City & State City & City & State City & City & State City & Ci							OD WE 1						
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Name Street Address (P.O. Box Number is Not Acceptable)		6. Name and	Address of Curren	t Registered	legistered Agent			7. Name and Address of New Registered Agent					
ST NORTH WYMORE RD., STE. 100 MAITLAND FL 32751 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. S.CINATURE SCONATURE SCONATURE SCONATURE SCONATURE SCONATURE SCONATURE STELL NOW!!! FEE-IS-\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE BURTON, SUSAN A STREET ADDRESS CITY-S1-2P ADDRESS CITY-S1-2P THE MAME STREET ADDRESS CITY-S1-2P Change Addition MAME STREET ADDRESS CITY-S1-2P CHANGE STREET ADDRESS CITY-S1-2P CHANGE STREET ADDRESS CITY-S1-2P CHANGE STREET ADDRESS CITY-S1-2P CHANG	****	31 144,114 2112			<u> </u>		Name						
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certification in the section 119.07(3)(ii) and its section 119.07(3)(iii) and its section 119.07(3)(iiii) and its section		certify that the info	ormation supplied w	ith this filing	does not qualify fo	r the exe	mption state	d in Section	119.07(3)(i), Florida Statu	ites. I further o	ertify 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: