

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90174 043 \*\*\*150.00

**DOCUMENT # P02000115867**



**1. Entity Name**  
**TOM BURNETT ENTERPRISES, INC.**

**Principal Place of Business**  
**1255 ZEPHYR WAY S**  
**JACKSONVILLE BEACH FL 32250**

**Mailing Address**  
**1255 ZEPHYR WAY S**  
**JACKSONVILLE BEACH FL 32250**



**2. Principal Place of Business**  
**218 PARLO ROAD**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**218 PARLO ROAD**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**PONTE VEDRA BEACH, FL**  
**Zip** **32082** **Country** **ST. JOHNS**

**City & State**  
**PONTE VEDRA BEACH, FL**  
**Zip** **32082** **Country** **ST. JOHNS**

**4. FEI Number** **30-0127499**  
**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BURNETT, THOMAS D**  
**1255 ZEPHYR WAY S**  
**JACKSONVILLE BEACH FL 32250**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**218 PARLO ROAD**  
**City** **PONTE VEDRA BEACH FL** **Zip Code** **32082**

**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** \_\_\_\_\_ 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**

**TITLE** **PSTD** ☐ **Delete**  
**NAME** **BURNETT, THOMAS D**  
**STREET ADDRESS** **1255 ZEPHYR WAY S**  
**CITY-ST-ZIP** **JACKSONVILLE BEACH FL 32250**

**TITLE** **D** ☐ **Delete**  
**NAME** **EKERN, HERMAN T JR**  
**STREET ADDRESS** **8787 SOUTHSIDE BLVD #2909**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32256**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **218 PARLO ROAD**  
**CITY-ST-ZIP** **PONTE VEDRA BEACH, FL 32082**

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

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**NAME**  
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**CITY-ST-ZIP**

**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:** THOMAS D BURNETT **THOMAS D BURNETT** **03/06/03 (904) 608-1815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0038064 AV

CR2E034 (10/02)