## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2003 8:00 am Secretary of State

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CITY-ST-ZIP  ITILE    Deleta   ITILE     Change   Addition   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   Change   Addition   NAME   Change   Addition   NAME   Change   Addition   NAME   Change   Addition   NAME   CHANGES   CITY-ST-ZIP   CITY-ST-ZIP    ITILE   Deleta   ITILE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    ITILE   Deleta   ITILE   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    ITILE   Change   Addition   NAME   Change   Change   Change   Change   NAME   Change   Change   Change   NAME   Change   Change   Change   NAME   Change   Change   Change   Change   NAME   Change   Change   Change   Change   NAME   Change   Change   Change   Change	DOCUMENT # P02000123954  1. Entity Name BURNT STORE CENTRE, INC.						04-28-2003 90458 045 ***150.00	
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Sulio, Act. 9, etc.   CHECK HERE IF MAKING CHANGLS  City & State   City & State   A. FEI Number   Lo   Lot Q 99   Angieted for	2 Principal C	Diago of Busin	2000	3 Mailing Address				
City 6 State  City 7 Name and Address of Current Registered Agent  Name  City 7 Name and Address of New Registered Agent  Name  City 7 Name and Address of New Registered Agent  City 7 Name and Address of New Registered Agent  City 7 Name and Address of New Registered Agent  Sheet Address (RO. Box Number is Net Acceptable)  Sheet Address (RO. Box Number is Net Acceptable)  City 7 FL Zip Code  City 8 FL Zip Code  City 7 FL Zip Code  City 7 FL Zip Code  City 8 FL Zip Code  City 7 FL Zip Code  C	2. Principal Place of Business							
Some Country  Zip  Country  S. Carifficant of Status Desired  S. 83.75 Acquired  S. 83.75 Acquired  Fig. Repostreed  City  FL Zip Code  D. The above named writy exbrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Policia. I am families with, and accept the obligations of registered agent.  Significant Special registered agent.  Significant Special registered agent and state acutemis.  Fig. Repostree registered agent.  Fig. Repostree re	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
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Carper Coral, F. Sason   Super Address of New Registered Agent	Zip	Zip Country		Zip Coun		itry	5 Cartificate of Status Desired  \$8.75 Additional	
LARROW, PAUL L  3807- DEL PRADO BLVD, SUITE 312  CAPE CORAL FL 33904  City  FL Zo Code  B. 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 familial with, and accept the obligations of registered agent.  SIGNATURE  Signature food or present name of engineers and size is accretions.  (HOTE Registered Agent, or both, in the State of Florida. I am familial with, and accept the obligations of registered agent.  (HOTE Registered Agent, or both, in the State of Florida. I am familial with, and accept the obligations of registered agent.  SIGNATURE  Signature food or present name of engineers and size is accretions.  (HOTE Registered Agents agents and size is accretion.  (HOTE Registered Agents agents agents and size is accretion.  (HOTE Registered Agents agents agents and size is accretion.  (HOTE Registered Agents agents.  (HOTE Registered Agents agents.  (HOTE Registered Agents		6. Name	and Address of Current	leuistered Agent		<del></del>	12 45 4	
SIGNATURE  B. The above named entity authmits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Roida. I am familiar with, and accept the deligistons of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE. IS \$150.00  ONTE  FILE NOW!!! FEE. IS \$150.00  Name that the \$1,2005 Fee this Bas \$50.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/DHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  SIREL ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  DEBONO, CHARLES  SIREL ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  NAME  SIREL ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11					Name			
City FL Zo 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 Rorida. Tam familiar with, and accept the celliquitions of registered agent.  SIGNATURE  SI	,				-	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 agent, or both, in the State of Plotids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    City FL Noth   Fee   Zip Code						<u> </u>		
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After May 1, 2005 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) , DATE .							
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILL DEBONO, CHARLES SIEET ADDRESS CITY-ST-2P  DEBONO, DONALD  TILLE  MAKE  SIRET ADDRESS CITY-ST-2P  TILLE  DEBONO, DONALD  TILLE  DEBO	FILE NOW!!! FEE IS \$150.00							
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