

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P29823**

1. Entity Name  
**BURTON REALTY AND AUCTION, INC.**



**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90062 013 \*\*\*150.00

0626510 AT

Principal Place of Business  
**PO BOX 792  
QUITMAN GA 31643**

Mailing Address  
**PO BOX 792  
QUITMAN GA 31643**

**11007137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1857557**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARRISON, MURRAY W.  
RT 3 BOX 2168 CR 212  
MADISON FL 32340**

7. Name and Address of New Registered Agent

Name **W.T. Burton Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1418 Anglers Dr.**  
City **Palm Bay** **FL** Zip Code **32905**

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 **W.T. Burton Jr.**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**20 JAN 2003**  
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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BURTON, STEPHEN F., SR.**  
STREET ADDRESS **PO BOX 792 N/A**  
CITY-ST-ZIP **QUITMAN GA**

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

TITLE **VSTD** ☐ Delete  
NAME **BURTON, MARJORIE L.**  
STREET ADDRESS **PO BOX 792 N/A**  
CITY-ST-ZIP **QUITMAN GA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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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: **Stephen F Burton Sr** **418-03 229263-9202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)