

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008648

1. Entity Name

DENNIS BURCHELL, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90097 035 ***150.00

Principal Place of Business

Mailing Address

7890 CORAL WAY
MIAMI FL 33155

7890 CORAL WAY
MIAMI FL 33155

2. Principal Place of Business

1664 CEDARWOOD DR

3. Mailing Address

1664 CEDARWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longmont Co

City & State

Longmont Co

4. FEI Number

65-0378949

Applied For

Not Applicable

Zip

80501

Country

USA

Zip

80501

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIAN MATLIN CPA

7890 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

GEORGE ANN WHEELER

Street Address (P.O. Box Number is Not Acceptable)

10315 SW 141 Ct.

City MIAMI

FL

Zip Code

33186

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

George Ann Wheeler

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)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	DENNIS BURCHELL
CITY-ST-ZIP	1664 CEDARWOOD DR Longmont Co 80501
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	BETH BURCHELL
CITY-ST-ZIP	1664 CEDARWOOD DR Longmont Co 80501
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

Dennis Burchell Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000
Date

303 774-9235
Daytime Phone #