## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2002 8:00 am Secretary of State DOCUMENT # P93000003743 1. Entity Name BURDETTE & ASSOCIATES, INC. 05-05-2002 90297 005 \*\*\*150.00 Principal Place of Business Mailing Address 2295 GENESEA LANE 2295 GENESEA LANE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Čity & State City & State 4. FEI Number Applied For 65-0380471 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUSAN C BURDETTE Street Address (P.O. Box Number is Not Acceptable) 2295 GENESEA LANE VERO BEACH FL 32963 City Zip 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)Change ☐ Addition BURDETTE, G. M NAME NAME STREET ADDRESS 13927 DOUBLETREE TRAIL STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL CITY-ST-ZIP TITLE DPST Delete TITLE ☐ Change ☐ Addition NAME BURDETTE, SUSAN NAME STREET ADDRESS 13927 DOUBLETREE TRAIL STREET ADDRESS CITY-ST-ZIP west palm beach fl CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition NAME PROVINI FERDINAND NAME STREET ADDRESS 1933 STRATFORD WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

13. I hereby 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 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

772 231-8750

Daytime Phone #

FILED