

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90197 013 \*\*\*150.00

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**DOCUMENT #** P93000026541

**1. Entity Name**  
CLINT BURBRIDGE DESIGN, INCORPORATED



**Principal Place of Business**  
2215 SOUTH THIRD STREET  
SUITE 201D  
JACKSONVILLE BEACH FL 32250  
US

**Mailing Address**  
2215 SOUTH THIRD STREET  
SUITE 201D  
JACKSONVILLE BEACH FL 32250  
US



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
270 6th Street  
City & State  
Atlantic Beach, FL  
Zip  
32233  
Country  
FLORIDA

**3. Mailing Address**  
Suite, Apt. #, etc.  
270 6th Street  
City & State  
Atlantic Beach, FL  
Zip  
32233  
Country  
Duval

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
BURBRIDGE, HENRY CLINTON III  
CLINT BURBRIDGE DESIGN INC  
2215 SOUTH THIRD ST., SUITE 201D  
JACKSONVILLE BEACH FL 32250

**4. FEI Number** 59-3180407  
Applied For  Not Applicable

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

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
270 6th Street  
City Atlantic Beach FL Zip Code 32233

**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 *H. Clinton Burbidge III* DATE 4-15-03  
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** Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BURBRIDGE, H. CLINTON III	
STREET ADDRESS	270 6TH STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL	
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		

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

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *H. Clinton Burbidge III* DATE 4-15-03 904-242-9352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)