2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032487

1. Entity Name
SCOTT BURKE ENTERPRISES, INC

FILED
01 DEC 24 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1935 W Copans Rd Pompano Bch, Fl 33064	same

REINSTATEMENT 00-01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650406562 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKE, SCOTT M 1935 W Copans Rd Pompano Bch, Fl 33064	Name 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 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) 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURKE, SCOTT M 1935 W. Copans Rd Pompano Bch, Fl 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004765512--9 -01/10/02--01075--029 ****300.00 ****300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BURKE, JOHN 711 HOLLY LANE PLANTATION FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 00-01 TS

CR2E034 (11/00)

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: [signature] 11/30/01 954-975-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TROPIC FLOORS

1935 W COPANS ROAD
POMPANO BEACH, FL 33064

Phone 954-975-6365
Fax 954-975-7570

November 30, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Enclosed is the 2001 Uniform Business Report for Scott Burke Enterprises, Inc. for reinstatement to active status. I have enclosed $900.00 as required, but am requesting consideration for waiver of late fees. The company moved from the Margate address in April 1999. The Annual Report for 2000 was not forwarded to the new location. I acknowledge that failure to receive the report is not an excuse for not filing, but all other licenses, tax reports, etc have been maintained up to date, and the failure to file this annual report was an oversight. Thank you for your consideration.

Scott Burke
President
Scott Burke Enterprises, Inc. DBA Tropic Floors

Enc. 2001 UBR
copy 1999 UBR
check# 6746 $900.00