

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000 32487

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 same
Pompano Bch, FL 33064

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINOTATED 00-01

DO NOT WRITE IN THIS SPACE

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 reissuing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NEW/RENEW FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP
D BURKE, SCOTT M 1935 W. Copans Rd Pompano Bch, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST BURKE, JOHN 711 HOLLY LANE PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
200004765512
-01/10/02--01075--029
***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2003 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/01 954-975-6365

TROPIC FLOORS

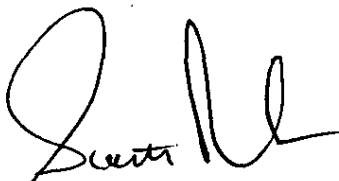
1935 W COPANS ROAD
POMPANO BEACH, FL 33064

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