

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90033 045 ***150.00

DOCUMENT # P93000072958

1. Entity Name

BRIAN M. BURSA, P.A.

Principal Place of Business

~~111-2ND AVENUE N.E.
SUITE 610
ST. PETERSBURG FL 33701
US~~

Mailing Address

~~111-2ND AVENUE N.E.
SUITE 610
ST. PETERSBURG FL 33701
US~~

2. Principal Place of Business

911 Symphony Isles Blvd.

3. Mailing Address

6022 U.S. 41 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#145

City & State
Apollo Beach, FL

City & State
Apollo Beach, FL

4. FEI Number

59-3212426

Applied For

Not Applicable

Zip
33572

Country
USA

Zip
33572

Country
USA

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

6. Name and Address of Current Registered Agent

~~BURSA, BRIAN M
111-2ND AVENUE N.E.
SUITE 610
ST. PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name **BRIAN M. BURSA**

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

911 Symphony Isles Blvd.

City **Apollo Beach**

FL

Zip Code **33572**

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 **Brian M. Bursa**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURSA, BRIAN M 911 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ULLMAN, KIRSTEN K 911 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURSA, BRIAN M 911 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ULLMAN, KIRSTEN K 911 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSA, BRIAN M 911 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLMAN, KIRSTEN K 911 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Brian M. Bursa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

813-645-4901

Date

Daytime Phone #

CR2E034 (9/01)