

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

06-20-2000 90016 028 ***150.00

DOCUMENT # P95000023518

1. Entity Name
BURGAN'S TILE, INC. ✓ R

Principal Place of Business Mailing Address
 2452 WHIPPOORWILL CIR. 2452 WHIPPOORWILL CIR.
 SARASOTA FL 34231 SARASOTA FL 34231 4638

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 **65-0553391** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BURGAN, SCOTT
2452 WHIPPOORWILL CIR.
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 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 office if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 2000 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	DP BURGAN, SCOTT 2452 WHIPPOORWILL CIR. SARASOTA FL 34231 ☐ 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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Scott Burgen* **6-10-00** **941-824-7958**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2004 (3/99)

DOC# P95000023518

JOHN MARSHALL, CPA, P.A.

PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANT

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308442

MEMBER

AMERICAN INSTITUTE OF
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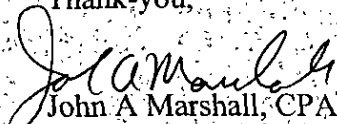
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Florida Department of State
Annual Reports Section
PO Box 6327
Tallahassee, FL 32314

Subject: Burgans's Tile, Inc.
Ref # P95000023518

Please waive the late fee of Burgan's Tile. It was filed late due to my client's wife temporarily stealing all the corporate records during a recent separation they experienced.

Thank-you,


John A Marshall, CPA
7/11/00



The CPA. Never Underestimate The Value.