

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State
05-30-2003 90093 014 ***158.75

NOTED
AV

DOCUMENT # P95000024022

1. Entity Name
BURGAN AND STRATTON CONSULTANTS, INC.



Principal Place of Business
**970 DYSON DR
WINTER SPRINGS FL 32708
US**

Mailing Address
**970 DYSON DR
WINTER SPRINGS FL 32708
US**

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 **65-0568149**

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

**STRATTON, MARK
970 DYSON DR
WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BURGAN, LINNIE N
970 DYSON DR
WINTER SPRINGS FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P/D
BURGAN, LINNIE N.
970 DYSON DR.
WINTER SPRINGS FL. 32708**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
STRATTON, MARK E
970 DYSON DR
WINTER SPRINGS FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V/T/S/D/E
MARK E. STRATTON
970 DYSON DR.
WINTER SPRINGS FL. 32708**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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: *Mark E. Stratton* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/03 303-588-3957
Date Daytime Phone #

CR2E034 (10/02)