

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027084

1. Entity Name

BURKHOWIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90421 010 ***150.00

Principal Place of Business

Mailing Address

HWY. 301 S.
FL 33569

P.O. BOX 1977
SEFFNER FL 33583-1977

2. Principal Place of Business

3. Mailing Address

P.O. Box 1578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Riverview, FL

Zip

Country

Zip

Country

33569

USA

4. FEI Number

59-3308631

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

MEEKS, R. H.
1104 N PARSONS AVE
SUITE E
BRANDON FL 33510

Name

Confidential Accounting (Teddi Keaton)

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

1116 Kingfish Place

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

Teddi Keaton

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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
PD
HOWERTON, DALE A
3422 HOLLAND DR
BRANDON FL 33511

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BURKETT, CHESTER W
1416 TOPSAIL PL
VALRICO FL 33594

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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)(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:

Dale A. Howerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 813/671-8815

DATE

DAYTIME PHONE #

CR2E034 (9/99)