

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90125 034 ***150.00

03/13/03 AV

DOCUMENT # **P95000031240**

1. Entity Name
CAROLYN M. BURKE, P.A.



Principal Place of Business
**2601 NE 29TH CT
FORT LAUDERDALE FL 33306
US**

Mailing Address
**2601 NE 29TH CT
FT LAUDERDALE FL 33306**

2. Principal Place of Business
3571 Loan Wolf Trail
Suite, Apt. #, etc.

3. Mailing Address
3571 Loan Wolf Trail
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
St Augustine, FL

City & State
St Augustine FL

4. FEI Number **65-0573935**

Applied For
 Not Applicable

Zip
32086

Country
SA-Johns

Zip
32086

Country
SA-Johns

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

6. Name and Address of Current Registered Agent

**BURKE, CAROLYN M
2601 NE 29TH CT
FT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **same**
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

DATE **4-16-03**

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	D <input type="checkbox"/> Delete
NAME	BURKE, CAROLYN M
STREET ADDRESS	2601 NE 29TH CT
CITY-ST-ZIP	FT LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**

DATE **4-16-03** DAYTIME PHONE # **904-687-9237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (10/02)