

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

09-17-2002 90096 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P950000 38893

1. Entity Name

BURNS Precision Turning Inc.

DO NOT WRITE IN THIS SPACE

B0139062

2. Principal Place of Business

1055 HARBOR LAKE DR.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAFETY HARBOR FL.

City & State

4. FEI Number

59-3313679

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SUSAN BURNS

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

3116 N. CANAL DR.

City

Palm Harbor FL.

FL

Zip Code

34684

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

SUSAN BURNS

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

Susan Burns

(NOTE: Registered Agent Signature required when reappointing)

9-13-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SUSAN BURNS
STREET ADDRESS	3116 N. CANAL DR.
CITY - ST - ZIP	Palm Harbor, FL. 34684
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-02

727-669-1737

Date

Daytime Phone #

Attachment

P95000038893



1055 Harbor Lake Drive
Safety Harbor, FL 34695

PH. 727-669-1737 FAX 727-669-8687

Fax

To:	Fla. Div. Of Corp.	From:	Sue Burns
Fax:		Pages:	
Phone:		Date:	9-13-02
Re:		CC:	

Urgent For Review Please Comment Please Reply Please Recycle

To Whom it may concern;

In regards to our Florida Dept. of State Division of Corp. forms. We have not received our forms by mail, and were just advised by our accounting dept. that this form has never been received nor filed, please except our check for the amount of \$150.00

Also please verify our mailing address as
1055 Harbor Lake Dr.
Safety Harbor Fl. 34695

Thanks again,

Susan Burns