

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071498

1. Entity Name

C. BURLEY, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90163 043 \*\*\*150.00

Principal Place of Business

~~2519 MCMULLEN BOOTH ROAD~~  
~~CLEARWATER FL 34621~~

Mailing Address

~~2519 MCMULLEN BOOTH ROAD~~  
~~STE 510-268~~  
~~CLEARWATER FL 33761 4173~~  
~~US~~

2. Principal Place of Business

2759 S.R. 580

3. Mailing Address

2759 S.R. 580

Suite, Apt. #, etc.

Suite 113

Suite, Apt. #, etc.

Suite 113

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3339663

Applied For

Not Applicable

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas

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

BURLEY, CRAIG

~~2519 MCMULLEN BOOTH ROAD, STE 510-268~~  
~~CLEARWATER FL 33761~~

Name

Craig Burley

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

Suite 113

2759 S.R. 580

City

Clearwater

FL

Zip Code

33761

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

Craig Burley

*Craig Burley*

4/3/00

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

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BURLEY, CRAIG	
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	P	<input type="checkbox"/> Delete
NAME	Burley, Craig	
STREET ADDRESS	Suite 113	
CITY-ST-ZIP	2759 S.R. 580	
	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Craig Burley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

727-804-4382

Daytime Phone #

CR2E034 (9/99)