

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90096 045 ***150.00

DOCUMENT # P95000080380

1. Entity Name
BURCK OIL COMPANY, INC.

Principal Place of Business Mailing Address
 1401 W 53RD ST 1401 W 53RD ST
 WEST PALM BEACH FL 33407-2208 WEST PALM BEACH FL 33407-2208
 US US

00052040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *as listed above ↑* 3. Mailing Address *as listed above ↑*

Suite, Apt. #, etc. — Suite, Apt. #, etc. —

City & State — City & State —

4. FEI Number **65-0681473** Applied For
 Not Applicable

Zip — Country — Zip — Country —

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

6. Name and Address of Current Registered Agent
BURCK, JEFFREY L
9520 159TH COURT NORTH
JUPITER FL 33478-9341

7. Name and Address of New Registered Agent
 Name *← as listed*
 Street Address (P.O. Box Number is Not Acceptable)
 City 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.

SIGNATURE _____ (NOTE: Registered Agent's 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, 2001 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	D <input type="checkbox"/> Delete
NAME	BURCK, JEFFREY L
STREET ADDRESS	9520 159TH COURT NORTH
CITY-ST-ZIP	JUPITER FL 33478
TITLE	D <input type="checkbox"/> Delete
NAME	BURCK, JANICE C
STREET ADDRESS	9520 159TH COURT NORTH
CITY-ST-ZIP	JUPITER FL 33478
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<i>no changes</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Jeffrey L Burck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18-01 561-842-3600
 Date Daytime Phone #

CR2E034 (10/00)