

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91743 011 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

SEN DEL CORPORATION

P9600004474

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4890 W. KENNEDY BLVD

Suite, Apt. #, etc.

550

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

TAMPA FL

City & State

Zip

33609

Country

Hillborough

Zip

Country

4. FEI Number

59-3377343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL BURKE

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

4890 W. KENNEDY BLVD

Suite 550

City

TAMPA

FL

Zip Code

33609

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Michael Burke 4890 W. Kennedy Blvd #550 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres Sennifer L. Burke 4890 W. Kennedy #550 TAMPA, FL 33609
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BURKE

Date

5-14-02 813-881-2090

Daytime Phone #

CR2E034B (12/01)