

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 044 ***150.00

DOCUMENT # P96000045842

1. Entity Name
W. P. BURNS ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4524 NW 234th AVE		3. Mailing Address 4524 NW 234th AVE	
Suite, Apt. #, etc. ALACHUA, FL		Suite, Apt. #, etc. ALACHUA, FL	
City & State ALACHUA, FL		City & State ALACHUA, FL	
Zip 32615	Country USA	Zip 32615	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3386057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BURNS, WILLIAM L	
Street Address (P.O. Box Number is Not Acceptable) 4524 NW 234th AVE	
City ALACHUA	Zip Code FL 32615

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 signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNS, WILLIAM L 4524 NW 234th AVE ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNS, PATRICIA L 4524 NW 234th AVE ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Patricia Burns* **PATRICIA L BURNS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/02 386-418-8092
Date Daytime Phone #

CR2E034B (12/01)