

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90021 036 \*\*\*150.00

DOCUMENT # P96000056436

1. Entity Name  
KEVIN M. BURNS & ASSOCIATES, P.A.

Principal Place of Business  
2804 DEL PRADO BLVD STE 109  
CAPE CORAL FL 33904

Mailing Address  
2804 DEL PRADO BLVD STE 109  
CAPE CORAL FL 33904

2. Principal Place of Business  
4507 SE 16TH PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
4507 SE 16TH PLACE  
Suite, Apt. #, etc.

City & State  
CAPE CORAL, FL  
Zip  
33904  
Country  
USA

City & State  
CAPE CORAL, FL  
Zip  
33904  
Country  
USA

4. FEI Number 65-0676062  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BURNS, KEVIN M  
2804 DEL PRADO BLVD STE 109  
CAPE CORAL FL 33904

## 7. Name and Address of New Registered Agent

Name - Kevin M. Burns  
Street Address (P.O. Box Number is Not Acceptable)  
4507 SE 16TH PLACE  
City CAPE CORAL FL Zip Code 33904

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 1/17/01

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

TITLE D  
NAME BURNS, KEVIN M  
STREET ADDRESS 2804 DEL PRADO BLVD STE 109  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4507 SE 16TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 (407) 542-1976

CR2E034 (10/00)