

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90089 034 ***150.00

0132447 AT

DOCUMENT # P96000072980

1. Entity Name
BURCH QUALITY CONSTRUCTION, INC.



Principal Place of Business
**2401 PGA BLVD
SUITE 272
PALM BEACH GARDENS FL 33410**

Mailing Address
**P.O. BOX 31358
PALM BEACH GARDENS FL 33420**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0738957**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUCE, LINDA
2581 JUPITER PARK DR.
JUPITER FL 33458**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CRUCE, LINDA**
STREET ADDRESS **2401 PGA BLVD SUITE 272**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

9/8/03

(561)
721-9515

CR2E034 (4/03)

Attachment
90156516
P96000072980

BURCH QUALITY CONSTRUCTION
P.O. BOX 31358
PALM BEACH GARDENS, FL 33420-1358

SEPTEMBER 8, 2003

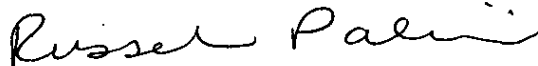
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN,

ENCLOSED PLEASE FIND OUR UNIFORM BUSINESS REPORT ALONG WITH PAYMENT FOR FILING. PLEASE BE ADVISED THAT THE FIRST NOTIFICATION WAS NOT RECEIVED THEREFORE I AM ONLY SUBMITTING THE ORIGINAL FILING FEE.

THANK YOU FOR YOUR UNDERSTANDING.

SINCERELY,



RUSSELL PALMIERI
PRESIDENT
BURCH QUALITY CONSTRUCTION, INC.