

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
 02-12-2001 90009 032 ***158.75

DOCUMENT # P96000078351

1. Entity Name
BURNEY CONSULTING, INC.

Principal Place of Business

**301 INDIAN GROVE DR
 STUART FL 34994**

Mailing Address

**301 INDIAN GROVE DR
 STUART FL 34994**

2. Principal Place of Business

6753 Garden Rd

Suite, Apt. #, etc.

109

City & State

Riviera Beach FL

3. Mailing Address

6753 Garden Rd

Suite, Apt. #, etc.

109

City & State

Riviera Beach FL

33404

Country

USA

33404

Country

USA

6. Name and Address of Current Registered Agent

**BURNEY, JAMES L JR
 8647 SE OLEANDER ST
 HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

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.

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) ☐

**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 **V** ☐ Delete
 NAME **BURNEY, LARRY**
 STREET ADDRESS **301 INDIAN GROVE DR**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **P** ☐ Delete
 NAME **BURNEY, JAMES L JR**
 STREET ADDRESS **8647 SE OLEANDER ST**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **ST** ☐ Delete
 NAME **GARDNER, SHARON**
 STREET ADDRESS **386 WINTER LN.**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **ST Sharon Gillenwalters**
 STREET ADDRESS **120 milree St.**
 CITY-ST-ZIP **Interlachen, FL 32148**

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

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

TITLE ☐ Change ☐ 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: **Sharon Gillenwalters** 1/31/01 564-845-5525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)