

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094926

1. Entity Name

~~BURTON & MURPHY, P.A.~~

BURTON & GEITNER

Principal Place of Business

Mailing Address

101 E. KENNEDY BLVD
1165
TAMPA FL 33602

P.O. BOX 172069
TAMPA FL 33672-2069

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 59-3410207

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, STEVEN G ESQ
101 E. KENNEDY BLVD
STE 1165
TAMPA FL 33602

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVT	<input type="checkbox"/> Delete
NAME	BURTON, STEVEN G	
STREET ADDRESS	101 E. KENNEDY BLVD, #1165	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JEFFREY D	
STREET ADDRESS	101 E KENNEDY BLVD SUITE #1165	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEITNER, CHARLES G.	
STREET ADDRESS	101 E. KENNEDY BLVD., #1165	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven G. Burton, Esq.

April 28, 2000

Date

Daytime Phone #

(813)

226-8500

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90104 048 ***150.00



DO NOT WRITE IN THIS SPACE