200	UNIFORM BUS	UBR)	FILED San 12, 2001, 9,00 am				080210		
DOCUMENT # P9600094926  1. Entity Name STEVEN G. BURTON, P.A.					Sep 13, 20 Secretar 09-13-2001 90	y of	Sta Sta	am te	AT
					, 03 13 2001 30	000 000	350.0		
Principal Place 101 E. KENNE 1165 TAMPA FL 33		Mailing Address P.O. BOX 172069 TAMPA FL 33672							
2. Principal F	Place of Business	3. Mailing Address	_						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			4. FEI Number 59-3410207			oplied For of Applicable	]
Zip	Country	Zip	Countr	y . ~ .	5. Certificate of Status Desired		8.75 Add	litional+	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re				1
				Name					1
Burton, steven g esq 101 E. Kennedy Blvd				Street Address (P.	O. Box Number is Not Acceptable)				
STE 1165									İ
TAMPA FL 33602				City		FL	Zip Code	•	
8. The above	named entity submits this statement for	ne purpose of changing its	registered	office or registered	agent, or both, in the State of Flori	da.	1		1
SIGNATURE :	Stoff		-						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered /	agent signature required wh	en 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!!! FE After September 12, 2001 Make Check Payable to			, 2001 Fe	e will be \$750.00	10. Election Campaign Finar Trust Fund Contribution.	ncing		<b>0</b> May Be to Fees	
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	S IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT BURTON, STEVEN G 101 E. KENNEDY BLVD, #1165 TAMPA FL 33602	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP	,		_ Change	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP	×	l	Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Delete	TITLE NAME STREET CITY-S	ADDRESS I-ZIP		[	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS		]	☐ Change	Addition	

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

**SIGNATURE:** 

CITY-\$T-ZIP

13. I hereby certify that the information supplied with this filling 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 impowered.

Change

☐ Addition