

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90160 031 ***150.00

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1. Entity Name
BURNSIDE ENTERPRISES SERVICES, INC.



Principal Place of Business

~~4848 KING LAKE DRIVE~~
~~LAND O' LAKES FL 34699~~

Mailing Address



Julian B. & Lidia Burnside
4650 Bay Blvd Unit 1015
Port Richey, FL 34668

2. Principal Place of Business

4650 Bay Blvd

Suite, Apt. #, etc.

Unit #1015

City & State

Port Richey, FL

Zip

34668

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 59-3437490

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

BURNSIDE, JULIAN B



Julian B. & Lidia Burnside
4650 Bay Blvd Unit 1015
Port Richey, FL 34668

7. Name and Address of New Registered Agent

Name

Burnside, Julian B.

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

4650 Bay Blvd. #1015

City

Port Richey

FL

Zip Code

34668

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

Julian B. Burnside

Julian B. Burnside

4-9-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE PD ☐ Delete
NAME BURNSIDE, JULIAN B
STREET ADDRESS ~~4848 KING LAKE DRIVE~~ 4650 Bay Blvd. #1015
CITY-ST-ZIP ~~LAND O' LAKES FL 34699~~ Port Richey, FL 34668

TITLE VSTD ☐ Delete
NAME BURNSIDE, LIDIA
STREET ADDRESS ~~4848 KING LAKE DRIVE~~ 4650 Bay Blvd. #1015
CITY-ST-ZIP ~~LAND O' LAKES FL 34699~~ Port Richey, FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS Change of address!!
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
STREET ADDRESS
CITY-ST-ZIP

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

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:

Julian B. Burnside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian B. Burnside
Pres.

Date

1-9-03 727-846-0383

Daytime Phone #

CR2E034 (10/02)