

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90044 003 ***158.75

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1. Entity Name

BURCAW & ASSOCIATES ENGINEERING, INC.



Principal Place of Business
10840 SHELDON ROAD
TAMPA FL 33626

Mailing Address
10840 SHELDON ROAD
#320
TAMPA FL 33626

2. Principal Place of Business

6402 W. Linebaugh Ave.

3. Mailing Address

6402 W. Linebaugh Ave.

Suite, Apt. #, etc.

Suite #A

Suite, Apt. #, etc.

Suite #A

City & State

FL

City & State

FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. FEI Number

59-3440803

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

BURCAW, LAURIE
10840 SHELDON ROAD
TAMPA FL 33626

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. 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 \$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 **PT** ☐ Delete
NAME **BURCAW, LAURIE S**
STREET ADDRESS **15644 EASTBOURN DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **V** ☒ Delete
NAME **HILLS, JEFF**
STREET ADDRESS **3400 W. LAWN AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **S** ☒ Delete
NAME **SUTTON, DARLENE S**
STREET ADDRESS **1122 TIMBER TRACE DRIVE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **V** ☒ Delete
NAME **GILL, MILTON R**
STREET ADDRESS **7930 BAY POINTE DR #B-40**
CITY-ST-ZIP **TAMPA FL 33615**

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 **Vice President** ☐ Change ☒ Addition
NAME **Matthew Compo**
STREET ADDRESS **3810 W. Palmira Avenue**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Scott L. Sutton**
STREET ADDRESS **23715 Estero Court**
CITY-ST-ZIP **Land o' Lakes, FL 34639**

TITLE **Director** ☐ Change ☒ Addition
NAME **Mark McCarty**
STREET ADDRESS **2942 Mayfair Court**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **Director** ☐ Change ☒ Addition
NAME **Pat Roberson**
STREET ADDRESS **10340 Nicklaus Drive**
CITY-ST-ZIP **New Port Richey, FL 34655**

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: **Scott L. Sutton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2003 (813) 882-4815

Date

Daytime Phone #

CR2E034 (10/02)