

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90251 001 *****8.75
04-18-2001 90251 002 ***150.00

37460



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000035487

1. Entity Name

BURNO, INC.

Principal Place of Business

**4220 W. COLONIAL DRIVE
ORLANDO FL 32808**

Mailing Address

**4220 W. COLONIAL DRIVE
ORLANDO FL 32808**

2. Principal Place of Business

4938 W. Colonial DR.

3. Mailing Address

4938 W. Colonial DR.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3453113

Applied For

Not Applicable

Zip

32808

Country

Orange

Zip

32808

Country

Orange

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

BURNO, DONALD T

**4220 W. COLONIAL DRIVE
ORLANDO FL 32808**

Name

Burno, Donald T.

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

4938 W. Colonial DR. Suite B

City

Orlando

FL

Zip Code

32808

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

4/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BURNO, DONALD T**
STREET ADDRESS **4220 W. COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Burno, Donald T.**
STREET ADDRESS **4938 W. Colonial DR. suite B**
CITY-ST-ZIP **Orlando FL 32808**

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

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 reports 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

2/12/01 407-521-10050 X10

Date

Daytime Phone #

CR2E034 (10/00)