

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-16-2003 90043 006 ***150.00

DOCUMENT # P97000049529

1. Entity Name

JOHN E. BURDESHAW & ASSOCIATES, INC.



Principal Place of Business
**505 N.E. 4TH STREET
OKEECHOBEE FL 34972**

Mailing Address
**505 N.E. 4TH STREET
OKEECHOBEE FL 34972**



2. Principal Place of Business

210 N. W. Park St.

3. Mailing Address

210 N. W. Park St.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Okeechobee, Florida

City & State

Okeechobee, Florida

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

4. FEI Number

65-0760370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURDESHAW, JOHN E
505 N.E. 4TH STREET
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name

Burdeshaw, John E.

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

210 N. W. Park Street

Suite 201

City

Okeechobe

FL

Zip Code

34972

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.

John E. Burdeshaw Registered Agent 1-11-03

(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 **BURDESHAW, JOHN E**
STREET ADDRESS **505 N.E. 4TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **President** ☒ Change ☐ Addition
NAME **Burdeshaw, John E.**
STREET ADDRESS **210 N. W. Park St. Suite 201**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

John E. Burdeshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1-11-03 863-763-5158

Date

Daytime Phone #

CR2E034 (10/02)