

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071024

1. Entity Name

BURKART & COMPANY, P.A.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90129 033 ***150.00

Principal Place of Business

501 FIRST AVENUE NORTH
626
ST PETERSBURG FL 33704
US

Mailing Address

501 FIRST AVENUE NORTH
626
ST PETERSBURG FL 33701-3609
US

2. Principal Place of Business

600 FIRST AVENUE NORTH
Suite, Apt. #, etc.
307

3. Mailing Address

600 FIRST AVENUE NORTH
Suite, Apt. #, etc.
ST PETERS SUITE 307

City & State
ST PETERSBURG, FL
Zip
33701
Country
U.S.

City & State
ST PETERSBURG, FL
Zip
33701
Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3463851

Applied For

Not Applicable

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

BURKART, KEVIN M
501 1ST AVE. N.
SUITE 626
ST PETERSBURG FL 33701

Name
KEVIN M. BURKART
Street Address (P.O. Box Number is Not Acceptable)
600 FIRST AVENUE NORTH
SUITE 307
City
ST. PETERSBURG FL Zip Code
33701

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D BURKART, KEVIN M 161-21ST AVENUE NORTH SAINT PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 empowered.

SIGNATURE:

Kevin M. Burkart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

Date

Daytime Phone If

727-896-6269

CR2E034 (9/99)