

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90034 028 \*\*\*150.00

NAT036 AV

DOCUMENT # P97000071024

1. Entity Name

~~JHB ADVISORS, INC.~~

BURKART &amp; COMPANY, P.A.

Principal Place of Business

600 1ST AVE N  
307  
SAINT PETERSBURG FL 33701  
US

Mailing Address

600 1ST AVE N  
307  
SAINT PETERSBURG FL 33701  
US

2. Principal Place of Business

100 FIRST AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 105

City & State  
ST. PETERSBURG, FLZip  
33701Country  
USA

3. Mailing Address

100 FIRST AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 105

City & State  
ST. PETERSBURG, FLZip  
33701Country  
USA

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

BURKART, KEVIN M  
600 1ST AVE N  
307  
ST PETERSBURG FL 33701

## 7. Name and Address of New Registered Agent

Name

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

100 FIRST AVENUE SOUTH

SUITE 105

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

Kevin M. Burkart

2/25/02

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, 2002 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

TITLE D  
NAME BURKART, KEVIN M  
STREET ADDRESS 161-21ST AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

727-896-6269

Daytime Phone #

CR2E034 (9/01)