2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000034060** Mar 13, 2000 8:00 am 1. Entity Name Secretary of State BURDOCK AND ASSOCIATES, INC. 03-13-2000 90005 032 ***150.00 Mailing Address Principal Place of Business 622 BEACHLAND BLVD., STE. B 622 BEACHLAND BLVD., STE. B VERO BEACH FL 32963 VERO BEACH FL 32963-1718 U U U U V A A ~ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0830920 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURDOCK, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 622 BEACHLAND BLVD., STE. B VERO BEACH FL 32963 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. □ Change ☐ Addition TITLE TITLE ☐ Delete BURDOCK, GEORGE A NAME NAME 622 BEACHLAND BLVD., STE. B STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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, in all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

MANUAL TO STATE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

561-234-0860

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Daytime Phone #