

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059291

1. Entity Name

BURNS FINANCIAL SERVICES INC. ✓

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90105 023 ***550.00

Principal Place of Business

398 W. CAMINO GARDENS BLVD. STE. 109
BOCA RATON FL 33432

Mailing Address

512 N.E. 8 AVE.
DEERFIELD BEACH FL 33441

2. Principal Place of Business

805 S.E. 14 Drive
Suite, Apt. #, etc.
Deerfield Beach, FL.

3. Mailing Address

805 S.E. 14 Drive
Suite, Apt. #, etc.
Deerfield Beach, FL.

City & State

33441

City & State

4. FEI Number

65-0851279

Applied For

Not Applicable

Zip

Country

USA

Zip

33441

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, MARY C
512 N.E. 8 AVE.
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name Mary Colleen Burns (same)
Street Address (P.O. Box Number is Not Acceptable)
805 S.E. 14 Drive
Deerfield Beach, FL. 33441
City FL 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

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 \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BURNS, MARY C	
STREET ADDRESS	398 W. CAMINO GARDENS BLVD., SUITE 109	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Mary Colleen Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00 (954) 428-6220
Date Daytime Phone #

CR2E034 (5/00)