

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-16-2002 90061 015 ***150.00

DOCUMENT # P9800009453

1. Entity Name

Mark Q Burns, INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1644 NE 33rd ST

3. Mailing Address

Box 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

Deerfield Beach FL

Zip

33334

Country

Zip

33444

Country

4. FEI Number

65-0875713

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Burns, Mark Q

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

1644 NE 33rd ST #1City Oakland Park

FL

Zip Code

33334**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PUS
NAME Burns Mark
STREET ADDRESS 1644 NE 33rd ST
CITY-ST-ZIP Oakland Park FL 33334

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)