
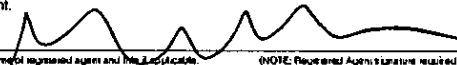
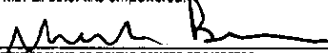


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91029 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000094153		
1. Entity Name MARK Q BURNS, INC.		
Principal Place of Business 1644 NE 33RD ST, #1 OAKLAND PARK, FL 33334		Mailing Address 1644 NE 33RD ST, #1 OAKLAND PARK, FL 33334
2. Principal Place of Business		3. Mailing Address Box 5032
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Deerfield Beach FL
Zip	Country	Zip 33442 Country
4. Name and Address of Current Registered Agent BURNS, MARK Q 1644 NE 33RD ST, #1 OAKLAND PARK, FL 33334		4. FEI Number 65-0875713 Applied For <input type="checkbox"/> Not Applicable
5. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Name		Street Address (P.O. Box Number is Not Acceptable)
City		FL Zip Code
6. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE 4.1.03
FILE NOW! FEE IS \$150.00 After May 1, 2003, Fee will be \$500.00 Major Check Payable to: State of Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BURNS, MARK Q 1644 NE 33RD ST, #1 OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		DATE 4/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CH2E034 (10/02)