

2000 UNIFORM BUSINESS REPORT (UBR)

3/1:

DOCUMENT # P99000018877

1. Entity Name

J & S BURK, INC.

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

03-15-2000 90073 027 ***150.00

Principal Place of Business

1363 NE CROTON STREET
JENSEN BEACH FL 34957

Mailing Address

1363 NE CROTON STREET
JENSEN BEACH FL 34957-4875

824 CAROLINE CIR SW.

2. Principal Place of Business

824 CAROLINE CIR SW

3. Mailing Address

824 CAROLINE CIR SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL 32962

City & State

VERO BEACH FL

4. FEI Number

650899835

Applied For

Not Applicable

Zip

Country

32962 USA

Zip

Country

32962 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURK, JOAN
1363 NE CROTON STREET
JENSEN BEACH FL 34957

824 CAROLINE CIR SW
VERO BEACH, FL
32962

7. Name and Address of New Registered Agent

Name

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

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 \$150.00
After MAY 1, 2000 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: PRESIDENT
NAME: STUART D. BURK
STREET ADDRESS: 824 CAROLINE CIR SW
CITY-ST-ZIP: VERO BEACH, FL 32962

TITLE: VICE PRESIDENT
NAME: JOAN E. BURK
STREET ADDRESS: 824 CAROLINE CIR. SW.
CITY-ST-ZIP: VERO BEACH, FL. 32962

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

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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:

Joan E. Burk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-567-1030

CR2E034 (9/99)