

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

03-02-2000 90028 034 ***150.00

DOCUMENT # P99000023993

1. Entity Name

STACEY L. BURNSTON, P.A.

Principal Place of Business

2424 NORTH FEDERAL HIGHWAY
 SUITE 314
 BOCA RATON FL 33431

Mailing Address

2424 NORTH FEDERAL HIGHWAY
 SUITE 314
 BOCA RATON FL 33431-7780

2. Principal Place of Business

5801A Coach House Cir
 Suite, Apt. #, etc.

3. Mailing Address

5801A Coach House Cir.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

Zip **33486**

Country **USA**

City & State

Boca Raton FL

Zip **33486**

Country **USA**

4. FEI Number

65-0903942

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURSTON, STACEY L
2424 NORTH FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **Stacey L. Burnston**

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

5801A Coach House Cir.

City **Boca Raton**

FL

Zip Code **33486**

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

Stacey L. Burnston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/00

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** Delete
 NAME **Stacey L. Burnston**
 STREET ADDRESS **5801A Coach House Cir.**
 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change 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:

Stacey L. Burnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

561-417-8529

Daytime Phone #

CR2E034 (9/99)