

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90094 021 \*\*\*150.00

**DOCUMENT # P99000023993**

1. Entity Name

**STACEY L. BURNSTON, P.A.**

Principal Place of Business

**5801A COACH HOUSE CIRCLE  
 BOCA RATON FL 33486**

Mailing Address

**5801A COACH HOUSE CIRCLE  
 BOCA RATON FL 33486**

2. Principal Place of Business

**7541 Sally Lyn Lane**  
 Suite, Apt. #, etc.

3. Mailing Address

**7541 Sally Lyn Lane**  
 Suite, Apt. #, etc.

City & State

**Lake Worth FL**

City & State

**Lake Worth FL**

Zip

**33467**

Country

Zip

**33467**

Country

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  
 5801 A COACH HOUSE CIRCLE  
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Stacey L. Burnston**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7541 Sally Lyn Lane**  
 City **Lake Worth FL** Zip Code **33467**

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.

**Stacey L. Burnston**

(NOTE: Registered Agent signature required when reinstating)

**01/29/02**

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, 2002 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 **P** ☒ Delete  
 NAME **BURNSTON, STACEY**  
 STREET ADDRESS **5801A COACH HOUSE CIR.**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **Stacey Burnston**  
 STREET ADDRESS **7541 Sally Lyn Lane**  
 CITY-ST-ZIP **Lake Worth FL 33467**

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

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

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 CITY-ST-ZIP

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

**January 29, 2002 561 642 9899**

Day

Daytime Phone #

CR2E034 (9/01)