2000 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # P99000032367 Entity Name

FRONT BURNER PROPERTIES, INC.

incipal Place of Business

SIGNATURE:

Mailing Address

FILED Mar 08, 2000 8:00 am Secretary of State 03-08-2000 90111 001 ***300.00

Daytime Phone #

Wadsworth dr. Ma FL 33556	14412 WADSWORTH DR ODESSA FL 33556-3835		6 2 2 5			
Principal Place of Business I M MODINE HOTE K Suite, Apt. #, etc.	3. Mailing Address 7910 July Suite, Apt. #, etc.	rbay By BI	DO NOT WRITE IN THIS SPACE			
City & State Tampa Fl Zip 33/01/6 Hillsh	City & State Zip	Country	4. FEI Number \$9-356975 Applied Fo Applied Fo Sertificate of Status Desired \$8.75 Additional Fee Required			
VERANTH, VICTOR E	s of Coolent Registered Agent	Name Street Address	7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable)			
14412 WADSWORTH DR. ODESSA FL 33556		City	City FL Zip Code			
GNATURE		y its registered office or regist	stered agent, or both, in the State of Florida.			
This corporation is eligible to satisfy Tax filing requirement and elects to (See criteria on back)	its Intangible FILE NO After MAY 1,	W!!! FEE IS \$150.00 2000 Fee will be \$550.00 yable to Department of S	10. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees			
LE D VERANTH, DEBRA L REET ADDRESS 14412 WADSWORTH Y-ST-ZIP ODESSA FL 33556	FICERS AND DIRECTORS Delete DR.	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Add	Idition G		
TE D	VICTORE.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition		
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition		
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition		
LE ME REET ADDRESS IY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition		
LE ME ME : REET ADDRESS : I'Y-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Add	dition		
I hereby certify that the information indicated on this report or supplem of the corporation or the receiver o	iental report is true and accurate and it	y for the exemption stated in nat my signature shall have th port as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes; and that my name appears in Block 11 or Block 1.	nor I		