

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90164 007 ***150.00

DOCUMENT # P99000034460

1. Entity Name
CHRISTOPHER J BURNS CONTRACTING INC.



Principal Place of Business
**2374 YALTA TERRACE
NORTH PORT FL 34287**

Mailing Address
**2374 YALTA TERRACE
NORTH PORT FL 34287**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1606 BRUNING CT
Suite, Apt. #, etc.

3. Mailing Address

1606 BRUNING CT
Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. FEI Number

65-0917530

Applied For

Not Applicable

Zip

33953

Country

CHARLOTTE

Zip

33953

Country

CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURNS, CHRISTOPHER J
2374 YALTA TERRACE
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name

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

1606 BRUNING CT

City

PORT CHARLOTTE

FL

Zip Code

33953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PST BURNS, CHRISTOPHER J 2374 YALTA TERR NORTH PORT FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1606 BRUNING CT PORT CHARLOTTE FL 33953 <input checked="" 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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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:

CHRISTOPHER J. BURNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/03

Daytime Phone #

941/457-2333

CR2E034 (10/02)