2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000037022** BURNS INVESTMENTS INC. 05-01-2000 90422 008 ***150.00 Principal Place of Business Mailing Address 6237 HOLLYWOOD STREET 6237 HOLLYWOOD STREET JUPITER FL 33458-6749 JUPITER FL 33458 2. Principal Place of Business Mailing Address 237 HOLLYW ورر WOOD St 100 D DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 25-09 Not Applicable WPIte Country \$8.75 Additional Country 5. Certificate of Status Desired 334<u>5</u> 33458 む S A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNS, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 6237 HOLLYWOOD STREET Jupiter FL 33458 Zip Code City FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Ádded to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE BURNS, STEVEN J NAME NAME STREET ADDRESS 6237 HOLLYWOOD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 ☐ Delete TITLE Change ☐ Addition TITLE BURNS, CAROLYN J NAME NAME 6237 HOLLYWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE BURNS, WILLIAM F NAME STREET ADDRESS 5000 SE FEDERAL HWY., #3301 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STUART FL 34997 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI E TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE: WANT NTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the rece changed, or on an attachmen