

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000038351****1. Entity Name**
D. BURNS CONSTRUCTION GROUP, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90017 050 ***150.00

A0000251



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 682
GOTHA FL 34734**Mailing Address**
P.O. BOX 682
GOTHA FL 34734**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3577972

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**DAVIS, RONALD J II
9130 S. DADELAND BLVD.
SUITE 1209
MIAMI FL 33156**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** P
NAME BURNS, DON
STREET ADDRESS 429 N MAIN ST
CITY-ST-ZIP WINTER GARDEN FL 34787 - CHANGE OF ADDRESS☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PRESIDENT
NAME BURNS, DONALD
STREET ADDRESS PO BOX 682
CITY-ST-ZIP GOTHA, FL. 34734☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**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 information.****SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 JAN 00 407-832-8823

CR20034 (10/00)