2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # **P99000047151** 1. Entity Name BURNS & BURNS FL. INC. 05-09-2000 90055 031 ***150.00 Principal Place of Business Mailing Address 8965 SOUTHEAST BRIDGE ROAD 8965 SOUTHEAST BRIDGE ROAD SUITE 206 SUITE 206 HOBE SOUND FL 33455-5325 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address 7684 SE. Sugar Sands Cir PO BOX 1023 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For lobeSounid, Fl tobe Sound Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33475=1023 33455 Fee Required <u>marti</u>N martin. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Change ☐ Addition TITI F TITLE ☐ Delete BURNS, JUDITH M NAME NAME. 7684 SE. Sugar Sands Cir. Hobe Sound, Fl 33455 STREET ADDRESS 8965 SOUTHEAST BRIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** SVD ☐ Delete TITLE TITLE BURNS, C K NAME 8965 SOUTHEAST BRIDGE ROAD STREET ADDRESS 7684 S.E. Sugar SANds Cir STREET ADDRESS Hobe Sound, F133455 CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS 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