

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90060 024 ***550.00

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DOCUMENT # P99000107963

1. Entity Name
DR. LARRY BURCH INC.



Principal Place of Business
**1030 SOUTH STATE RD. 7
PLANTATION FL 33317**

Mailing Address
**1030 SOUTH STATE RD. 7
PLANTATION FL 33317**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0980278**

Applied For
Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURCH, LAURENCE J
1030 SOUTH STATE RD. 7.
PLANTATION FL 33317**

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **P** ☐ Delete
NAME **BURCH, LAURENCE J**
STREET ADDRESS **1030 S SR 7**
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **V** ☐ Delete
NAME **BURCH, JANEANN**
STREET ADDRESS **1030 S SR 7**
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **S** ☐ Delete
NAME **BURCH, STACI L**
STREET ADDRESS **1030 S SR 7**
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **T** ☐ Delete
NAME **BURCH, LAURI JANE**
STREET ADDRESS **1030 S SR 7**
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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: _____

Signature of Laurence J. Burch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-03
Date

Daytime Phone #

CR2E034 (4/03)