

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109419

1. Entity Name

BURNETTE SOLUTIONS INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90042 045 \*\*\*150.00

Principal Place of Business

Mailing Address

2615 TEESIDE COURT  
KISSIMMEE FL 34746

2615 TEESIDE COURT  
KISSIMMEE FL 34746

2. Principal Place of Business

2615 TEESIDE CT

3. Mailing Address

2615 TEESIDE CT

Suite, Apt., etc.

Suite, Apt., etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3589630

Applied For

☒ Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNETTE, ARTHUR LEE III  
2615 TEESIDE COURT  
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

Burnette, Arthur Lee III

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

2615 TEESIDE CT

City

KISSIMMEE

FL

Zip Code

34746

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

*Arthur Lee Burnette III*  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2000

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME ARTHUR LEE BURNETTE III  
STREET ADDRESS 2615 TEESIDE CT  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete  
NAME DIR. OF BUSINESS/PART OWNER  
STREET ADDRESS CHRISTOPHER PAUL CHRISTIAN  
CITY-ST-ZIP 13402 COLONY SQUARE DR #2527 ORLANDO, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)