## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am DOCUMENT # P99000109419 **Secretary of State** 1. Entity Name BURNETTE SOLUTIONS INC. 03-20-2001 90055 009 \*\*\*150.00 Principal Place of Business Mailing Address 2615 TEESIDE COURT 2615 TEESIDE COURT KISSIMMEE FL 34746 KISSIMMEE FL 34746 817941 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3589630 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNETTE, ARTHUE LEE III Street Address (P.O. Box Number is Not Acceptable) 2615 TEESIDE COURT KISSIMMEE FL 34746 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 Signature, typed or printed name of registered agent and title if applicable. (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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added 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. TITLE ☐ Addition TITLE ☐ Delete BURNETTE, ARTHUR L. 111 BURNETTE, ARTHUR L III NAME NAME 2611 TeesiAz Ct STREET ADDRESS 2615 TEESIDE CT STREET ADDRESS ICISSIMMEE, FL 34746 CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-7IP DBPO ☐ Delete CHRISTIAN, CHRISTOPHER P CHRISTIAN / CHIZISTOPHERP NAME 13402 Colony Square DR # 2523 STREET ADDRESS 13402 COLONY SAVARE DR #2527 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP URLANDO, FL 32837 TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

GRATURE AND TIPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/14/01

407-944-9494

☐ Change

Addition

Daytime Phone #