

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90048 046 ***150.00

DOCUMENT # P99000109457

1. Entity Name
THE BURGOYNE CORPORATION

Principal Place of Business

4401 WHITE OAK CIRCLE
KISSIMMEE FL 34746
US

Mailing Address

4401 WHITE OAK CIRCLE
KISSIMMEE FL 34746
US

2. Principal Place of Business

3501 W. VINE ST

3. Mailing Address

4401 WHITE OAK CIRCLE

Suite, Apt. #, etc.

SUITE 288

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

34741

Country

USA

Zip

34746

Country

USA

4. FEI Number

65-0969220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGOYNE, PAUL
4401 WHITE OAK CIRCLE
KISSIMMEE FL 34746

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, 2002 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 **PO** ☐ Delete
NAME **BURGOYNE, PAUL**
STREET ADDRESS **4401 WHITE OAK CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VD** ☐ Delete
NAME **BURGOYNE, CHRISTINE**
STREET ADDRESS **4401 WHITE OAK CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-02

Date

407-870-0104

Daytime Phone #

CR2E034 (9/01)