

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90838 031 ***150.00

DOCUMENT # S10322

1. Entity Name
BURKETT ENGINEERING, INC.



Principal Place of Business
250 N ORANGE AVE
STE 1501
ORLANDO FL 32801
US

Mailing Address
250 N. ORANGE AVE.
SUITE 1501
ORLANDO FL 32801
US

2. Principal Place of Business
105 E. Robinson Street

3. Mailing Address
105 E. Robinson Street

Suite, Apt. #, etc.
Suite 501

Suite, Apt. #, etc.
Suite 501

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3034945

Applied For
Not Applicable

Zip
32801-1622

Country
USA

Zip
32801-1622

Country
USA

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

6. Name and Address of Current Registered Agent

BURKETT, WILLIAM E. P
250 N. ORANGE AVE.
SUITE 1501
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **BURKETT, WILLIAM E. P**
Street **105 E. Robinson Street** (acceptable)
Suite 501
City **Orlando, FL** **32801-1622**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	BURKETT, WILLIAM E.	250 N. ORANGE AVE., STE. 1501	ORLANDO FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	Burkett, William E.	105 E. Robinson Street	Suite 501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Orlando, FL	32801-1622	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Date Daytime Phone #

CR2E034 (10/02)