2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V02579 Mar

FILED Mar 21, 2000 8:00 am Secretary of State

LAWING	BY BURGESS, INC.					retary (1-2000 90006 0	of Sta	ıte
Principal Plac 103 SOUIRREL LONGWOOD FL	TR	Mailing Add 103 SQUIRRE LONGWOOD			00020			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing A	ddress		DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3096903 Applied For Not Applicable			
		Suite, Apt	. #, etc.					
City & State	e	City & Sta	City & State					
Zip	Country	Zip ¦		Country	5. Certificate of Status	Desired	\$8.75 Add Fee Required	
	6. Name and Address of Currer	nt Registered Age	ent		7. Name and Address	of New Registered	Agent	
	•	1		Name				İ
GELLER, SUSAN M. 103 SQUIRREL TR LONGWOOD FL 32779		i	t i		Street Address (P.O. Box Number is Not Acceptable)			
		*		City	<u></u>	FL	Zip Code	9
8. The above	named entity submits this statement	for the purpose of	f changing its i	registered office or regis	stered agent, or both, in the S	State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE	: Røgistered Agent signature requ	uired when reinstating)	DATE	<u> </u>	
9. This corpo	Signature, typed or printed name of registered age or praction is eligible to satisfy its Intangible equirement and elects to do so.	ole Atte	FILE NOW!! er MAY 1, 200	PROGRESSION SIGNATURE REQUESTION SIGNATURE REQUESTION SIGNATURE REPORT R	10. Election Can	npaign Financing		0 May Be I to Fees
9. This corpo	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	ole Atte	FILE NOW!! er MAY 1, 200	!! FEE IS \$150.00 00 Fee will be \$550.0	10. Election Can	npaign Financing contribution.	Ädded	O May Be
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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 it changed, or on an attachment with an address, with all other the empowered.

SIGNATURE

LUSA M. BULLE SUSAN M. Gelle

3-17-00 407-774027

Daytime Phone #