2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V14650** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name BURNETT ENTERPRISES INTERNATIONAL, INC. 04-22-2000 90082 017 ***150.00 Mailing Address Principal Place of Business 4771 BAYOU BLVD. 4771 BAYOU BLVD. SUITE C SUITE C PENSACOLA FL 32503 PENSACOLA FL 32503-2607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3108236 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNETT, HARRY D. Street Address (P.O. Box Number is Not Acceptable) 4771 BAYOU BLVD. SUITE C PENSACOLA FL 32503 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE Delete TITLE BURNETT, HARRY D. NAME NAME 7270 KEATING TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE BURNETT, REBECCA D. NAME STREET ADDRESS 7270 KEATING TERRACE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. 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

SIGNATURE

CITY-ST-ZIP



4/14/00

850-478-7/7/ Daytime Phone * CR2E034 /9/99