## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**V20044** 

**DOCUMENT #** 

DANIEL V. BURDO, P.A.

1. Entity Name

## **FILED** Jun 03, 2002 8:00 am Secretary of State

05-16-2002 90061 031 \*\*\*150.00

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:	DO NOT WRITE	IN THIS S	PAC	CE	-			-	
2. Principal 200 S	Place of Business  S. Sykes Creek Parkway	3. Mailing Address 717 E. Oak Street Suite, Apt. #, etc.			-				
Suite, Ap <b>#A809</b>						DO NOT WRITE IN THIS SPACE			
City & State Merritt Island, FL		City & State Kissimmee, FL		34744		El Number 59-3142749		Applied For	
Zip 32952	Country USA	Zip 34744	Cour US.	ntry	5. Certificate of Status Desired Security Fee Regulard			Not Applicable  5 Additional	
DO-NOT-WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name Harry J. Swart CPA Street Address (P.O. Box Number & Not Acceptable) 717 E. Oak Street					
8. The above named entity submits this statement for the purpose of changing its re				City K	issimmee FL 2350			34744	1
SIGNATURE	Signature, typed or printed name of registered agent and			ed office or regis					
Tax filing requirement and elects to do so. (See criteria on back)  Make Ch			nuary 1 - May 1 Fee is \$150.0 After May 1, Fee is \$550.00 Amended UBR is \$61.25 seck Payable to Department o		late	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
OF TREES AND DIRECTOR		RECTORS							l I
NAME STREET ADORESS CITY-ST-ZIP	ZUU S. NYEAR CTOOL Div. 41000			T ADDRESS ST-ZIP			••••		CR2E034B (12/01)
TITLE NAME STREET ADDRESS			TITLE						CR2E03

NAME STREET ADON CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-74 CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE HAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP

SIGNATURE: Daniel V. Burlo

DANIEL V. BURGO

<sup>13.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 on an attachment with an address, with all other like empowered.