

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90212 007 ***150.00

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DOCUMENT # **V20044**

1. Entity Name

DANIEL V. BURDO, P.A.



Principal Place of Business
**200 S SYKES CREEK PARKWAY
#A809
MERRITT ISLAND FL 32952
US**

Mailing Address
**717 E OAK STREET
KISSIMMEE FL 34744
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#A810

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3142749**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWART, HARRY J CPA
717 E. OAK ST.
KISSIMMEE FL 34744**

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. I am familiar with, and accept the obligations of registered agent.

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
BURDO, DANIEL V.
200 S SYKES CREEK PARKWAY #A809
MERRITT ISLAND FL 32952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P,S
Burdo, Daniel V.
200 S. Sykes Creek Parkway #A810
Merritt Island, FL 32952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Joyce Burdo
200 S. Sykes Creek Parkway #A810
Merritt Island, FL 32952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 (321) 453-0780
Date Daytime Phone #

CR2E034 (10/02)