2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, w

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 169090** FRED BERGER, CO., INC. 04-11-2001 90093 034 ***150.00 Principal Place of Business Mailing Address 2451 MCMULLEN BOOTH RD. 1634 ARABIAN LANE SUITE 59. OAKBROOK TOWER- 2ND FLOOR PALM HARBOR FL 89708 3 44 9 S **CLEARWATER FL 34619** US 2. Principal Place of Business 3. Mailing Address 1634 Arabian 1634 Arabian lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PALH HARBOR, FL 4. FEI Number Applied For 59-6064860 ALH HARBOR Not Applicable Country L.S. PINELLAS Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ويوسيسي وجادي والهواد DAVIS, ALLAN B. Street Address (P.O. Box Number is Not Acceptable) 1600 BARNETT TOWER 200 CENTRAL AVE. ST. PETERSBURG FL 33731 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Change Addition TITLE ☐ Delete BERGER, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 1634 ARABIAN LANE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL TITLE ☐ Delete TITLE ☐ Change DIKMAN, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 1634 ARABIAN LANE CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL ☐ Delete TITLE ☐ Addition -NAME 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 if