

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90166 025 ***158.75

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DOCUMENT # 293297

1. Entity Name
JACK M. BERRY, INC.



Principal Place of Business
**EAGLE LAKE LOOP RD.(WINTER HAVEN)
P.O. BOX 459
LABELLE FL 33935**

Mailing Address
**PO BOX 5609
ATTN: KATHY MCDANIEL
WINTER HAVEN FL 33880
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1095295**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRY,JACK M
HWY 80 WEST
LABELLE FL 33935**

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 _____ (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	S <input type="checkbox"/> Delete
NAME	MCDANIEL, KATHY
STREET ADDRESS	PO BOX 5406
CITY-ST-ZIP	WINTER HAVEN FL 33880-0406
TITLE	D <input type="checkbox"/> Delete
NAME	SELLERS, CALVIN C
STREET ADDRESS	400 EAGLE LAKE LOOP RD
CITY-ST-ZIP	WINTER HAVEN, FL 00000 33880
TITLE	CD <input type="checkbox"/> Delete
NAME	BERRY, JACK M-JR
STREET ADDRESS	9705 LAKE ISLEWORTH CT.
CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	D <input type="checkbox"/> Delete
NAME	RICHERT, HOLLY B.
STREET ADDRESS	EAGLE LAKE LOOK ROAD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DP <input type="checkbox"/> Delete
NAME	KEMPER WE
STREET ADDRESS	3655 SR 80TH WEST
CITY-ST-ZIP	ALVA FL
TITLE	T <input type="checkbox"/> Delete
NAME	COLEMAN, HAROLD R
STREET ADDRESS	3655 SR 80 WEST
CITY-ST-ZIP	ALVA FL 33920

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kathy McDaniel* **Kathy McDaniel, Secretary**

1/8/03 (863)324-4988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)