

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90223 001 ***150.00

DOCUMENT # **H20175**

1. Entity Name **Berg Electric, Inc.**

721 Nelson St. TAVARES, FLA. 32778

Principal Place of Business Mailing Address

721 Nelson St.

TAVARES, FLA. 32778

2. Principal Place of Business

721 Nelson St.

Suite, Apt. #, etc.

TAVARES, FLA 32778

City & State

TAVARES, FLA. 32778

Zip

32778

Country

LAKE

3. Mailing Address

721 Nelson St.

Suite, Apt. #, etc.

City & State

TAVARES, FLA. 32778

Zip

32778

Country

LAKE

4. FEI Number

Applied For

Not Applicable

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
 NAME **Philip A. Berg**
 STREET ADDRESS **721 Nelson St.**
 CITY-ST-ZIP **TAVARES, FLA. 32778**

TITLE **Vice President** ☐ Delete
 NAME **Linda Berg**
 STREET ADDRESS **721 Nelson St.**
 CITY-ST-ZIP **TAVARES, FLA. 32778**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

3-19-01 352-343-1472

Date

Daytime Phone #

CR2E034 (11/00)