## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an eddress

SIGNATURE:

other like empowered.

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # M81338** Jan 28, 2000 8:00 am Secretary of State 1. Entity Name BERNCO, INC. 01-28-2000 90157 035 \*\*\*150.00 Principal Place of Business Mailing Address % PETER T. HOFSTRA 9024 KEELE ST 8640 SEMINOLE BLVD. CONCORD ON L4K 2 SEMINOLE FL 34642 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2895791 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOFSTRA, PETER T. Street Address (P.O. Box Number is Not Acceptable) 8486 SEMINOLE BLVD. **SEMINOLE FL 34642** 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** DATE 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, 2000 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 12. 11. ☐ Addition PD □ Change Delete TITLE TITLE GARRON, MYRON A. NAME NAME STREET ADDRESS STREET ADDRESS 9204 KEELE STREET CITY-ST-ZIP CITY-ST-2IP CONCORD, ONT., CANADA ☐ Addition ☐ Delete ☐ Change TITLE TITLE GARRON, BERNA NAME STREET ADDRESS STREET ADDRESS 9204 KEELE STREET CITY-ST-ZIP CITY-ST-ZIP - . CONCORD, ONT., CANADA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [ ] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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