

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90012 023 ***158.75

DOCUMENT # P00000037262

1. Entity Name
BERNER TRANSPORT, INC.

Principal Place of Business
848 WEST VENTURA AVENUE
CLEWISTON FL 33440

Mailing Address
848 WEST VENTURA AVENUE
CLEWISTON FL 33440

2. Principal Place of Business
440 E. Haiti Ave.

3. Mailing Address
440 E. Haiti Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

4. FEI Number **65-1012922**

Applied For
Not Applicable

Zip
33440

Country
USA

Zip
33440

Country
USA

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

6. Name and Address of Current Registered Agent

YAUN, JOHN A
848 WEST VENTURA AVENUE
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name
Carl E. Berner
Street Address (P.O. Box Number is Not Acceptable)
440 E. Haiti Ave.
City
Clewiston, FL **Zip Code**
33440

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 *Carl E. Berner* **Carl E. Berner** **1-15-02**
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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YAUN, JOHN A
848 WEST VENTURA AVENUE
CLEWISTON FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BERNER, CARL E
440 E HAITI AVENUE
CLEWISTON FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Carl E. Berner* **SIGNATURE REQUIRED Carl E. Berner** **1-15-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0382063 AV

CR2E034 (9/01)