

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90307 005 \*\*\*150.00



**DOCUMENT # P02000077131**

**1. Entity Name**  
**MENZEL & BERO, CPAS, PA**

**Principal Place of Business**  
**2935 TANGLEWOOD WAY**  
**SARASOTA FL 34239**

**Mailing Address**  
**2935 TANGLEWOOD WAY**  
**SARASOTA FL 34239**



**2. Principal Place of Business**

**1727 2<sup>nd</sup> Street**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Sarasota, Florida**

Zip

**34236**

Country

**USA**

**3. Mailing Address**

**1727 2<sup>nd</sup> Street**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Sarasota, Florida**

Zip

**34236**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**82-0556766**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MENZEL, WALTER E JR.**  
**2935 TANGLEWOOD WAY**  
**SARASOTA FL 34239**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MENZEL, WALTER E JR.**  
CITY-ST-ZIP **2935 TANGLEWOOD WAY**  
**SARASOTA FL 34239**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BERO, RICHARD J**  
CITY-ST-ZIP **3809 46TH PLAZA EAST**  
**BRADENTON FL 34203**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Richard J. Bero, D.P. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/03**

Date

Daytime Phone #

CR2E034 (10/02)