2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90107 020 ***150.00

049104 AV

DOCUMENT # P96000030893

1. Entity Name
BONNIE A. BERNS, P.A.

Principal Place of Business	Mailing Address
2185 LOGAN STREET CLEARWATER FL 33765	2185 LOGAN STREET CLEARWATER FL 33765

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
300 S. Duncan Ave.		300 S. Duncan Ave.	
Suite, Apt. #, etc. Suite 137		Suite, Apt. #, etc. Suite 137	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33755	Country Pinellas	Zip 33755	Country Pinellas

4. FEI Number 59-3372370 ☐ 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
BERNS, BONNIE A 2185 LOGAN ST CLEARWATER FL 33765	Name Berns, Bonnie A. Street Address (P.O. Box Number is Not Acceptable) 300 S. Duncan Ave. Suite 137 City Clearwater FL Zip Code 33755

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] 4/1/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D BERNS, BONNIE A 2185 LOGAN ST. CLEARWATER FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 300 S. Duncan Ave., Suite 137 Clearwater, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 4/1/03 (727) 443-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #