

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90007 009 ***150.00

DOCUMENT # P99000031154
 1. Entity Name
LAW OFFICE OF RUSSELL F. BERGIN, P.A.

Principal Place of Business 111 N ORANGE AVENUE SUITE 1025 ORLANDO FL 32801	Mailing Address 111 N ORANGE AVENUE SUITE 1025 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 111 No. Orange Ave	3. Mailing Address 111 No. Orange Ave
Suite, Apt. #, etc. Suite 875	Suite, Apt. #, etc. Suite 875

City & State Orlando, FL	City & State Orlando FL
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4. FEI Number 99-3569956	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801	Country USA	Zip 32801	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BERGIN, RUSSELL F JR
111 N ORANGE AVENUE
SUITE 1025
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name **Russell F. Bergin, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
111 No Orange Ave
Suite 875
 City **Orlando** FL Zip Code **32801**

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]** DATE **1/4/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PTS	<input type="checkbox"/> Delete
NAME BERGIN, RUSSELL F JR	
STREET ADDRESS 111 N ORANGE AVENUE SUITE 1025	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Russell F. Bergin JR	
STREET ADDRESS 111 No Orange Ave Suite 875	
CITY-ST-ZIP Orlando FL 32801	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **1-4-02** DAYTIME PHONE # **407 839-6294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)