FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 27 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117394

1. Entity Name
A.L. BERTION BUILDERS INC.

(NEW NAME) BERTION & GONZALEZ BUILDERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
108 N. MAGNOLIA	P.O. BOX 1198
Suite, Apt. #, etc.: SUITE 319	Suite, Apt. #, etc.:
City & State: OCALA, FL.	City & State: BELLEVIEW, FLA.
Zip: 34475 Country: MAJOR	Zip: 34420 Country: MAJOR

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0580430 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALFRED LEE BERTION

Street Address (P.O. Box Number is Not Acceptable): 12314 S.E. 60TH AVE.

City: BELLEVIEW FL Zip Code: 34420

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	PRES.
NAME	MARCO A. GONZALEZ
STREET ADDRESS	3511 S.W. 25TH ST.
CITY-ST-ZIP	OCALA, FLA. 34474
TITLE	V. PRES.
NAME	LEE BERTION
STREET ADDRESS	12314 S.E. 60TH AVE.
CITY-ST-ZIP	BELLEVIEW, FLA 34420
TITLE	SECRETARY
NAME	ALFRED BERTION
STREET ADDRESS	12314 S.E. 60TH AVE.
CITY-ST-ZIP	BELLEVIEW, FLA 34420
TITLE	TREASURER
NAME	LOLA GONZALEZ
STREET ADDRESS	3511 S.W. 25TH ST.
CITY-ST-ZIP	OCALA, FLA. 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	600006117926
NAME	07/01/02--01035--007
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/14/02 352-307-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #