

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90056 012 \*\*\*550.00

DOCUMENT # 312309

1. Entity Name

BERGGREN EQUIPMENT COMPANY INC

Principal Place of Business

6150 ORANGE AVE.  
FT PIERCE FL 34947  
US

Mailing Address

P.O. BOX 608  
FT. PIERCE FL 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1162557

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

BERGGREN, DAVID J  
6150 ORANGE AVE.  
FORT PIERCE FL 34947

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.

SIGNATURE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PST	BERGGREN, DAVID J SR.	576 SW 34TH AVE.	VERO BEACH FL 32968					
	VP	BERGGREN JR., DAVID JOHN	2487 SW 9TH LANE	OKEECHOBEE FL 34974					
	D	BERGGREN, PEGGY	576 S.W. 34TH AVENUE	VERO BEACH FL 32968					
	D	BERGGREN, MARK E	576 SW 34TH AVE.	VERO BEACH FL 32962					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Sept 2000

Date

(561) 461-5568

Daytime Phone #

CR2E034 (5/00)