

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F56769

1. Entity Name

BERTON-KING ASSOCIATES, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90038 022 \*\*\*150.00

Principal Place of Business Mailing Address  
1/2 PARK BLVD 19714 1/2 GULF BLVD  
DALLAS PARK FL 33781 INDIAN SHORES FL 33785-2308  
US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
1941 E. VINAD ELMAR BLVD.

City & State City & State  
Zip Country Zip Country  
ST. PETE BEACH FL. 33706-2823 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2148911 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BROIDA, JOEL D.  
605 75TH AVE.  
ST. PETERSBURG FL 33706

7. Name and Address of New Registered Agent  
Name KING, STEPHEN B.  
Street Address (P.O. Box Number is Not Acceptable) 1941 E. VINAD ELMAR BLVD  
ST PETE BEACH, FL 33706-2823  
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] DP STEPHEN B. KING 4/19/2000  
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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, STEPHEN B		NAME		
STREET ADDRESS	19714 1/2 GULF BLVD		STREET ADDRESS	1941 E. VINAD ELMAR BLVD.	
CITY-ST-ZIP	INDIAN SHORES FL		CITY-ST-ZIP	ST. PETE BEACH, FL 33706-2823	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, ALBERTA B		NAME		
STREET ADDRESS	19714 1/2 GULF BLVD.		STREET ADDRESS	1941 E. VINAD ELMAR BLVD.	
CITY-ST-ZIP	INDIAN SHORES FL		CITY-ST-ZIP	ST. PETE BEACH, FL 33706-2823	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] STEPHEN B KING 4/19/2000 727-363-9722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)