2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am DOCUMENT # F76643 **Secretary of State** 1. Entity Name THOMAS F. BERNIER AND ASSOCIATES, INC. 02-05-2002 90074 022 ***150 00 Principal Place of Business Mailing Address 9111 LYTHAM COURT P.O. BOX 2026 ORLANDO FL 32819 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2259794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNIER, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 9111 LYTHAM COURT ORLANDO FL 32819 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITI F ☐ Addition Change BERNIER, THOMAS F NAME NAME STREET ADDRESS 9111 LYTHAM COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP-TITLE ☐ Delete ■ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP profiled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information will 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 ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a address, with all other like empowered. 13. I hereby certify that the information sug

SIGNATURE

receiver or

indicated on this report or suppleme

of the corporation or changed, or on an a

Daytime Phone #