CR2E034 (9/01

2002 Uniform Business Report (UBR)

of the corporation or the r changed, or on an attach

BERGMAN

SIGNATURE:

Mar 29, 2002 8:00 am **DOCUMENT #** F94000001678 **Secretary of State** 1. Entity Name 03-29-2002 91430 050 ***150 00 BERGMAN BROTHERS CONTRACTORS, INC. Principal Place of Business Mailing Address 13745 SEMINOLE DR. 13745 SEMINOLE DR. CHINO CA, 91710 **CHINO CA 91710** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-3764869 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITLE ☐ Delete ☐ Change Addition NAME BERGMAN, MARK C NAME 2885 BROOKSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHINO HILLS CA 91709 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERGMAN, DANIEL L NAME STREET ADDRESS STREET-ADDRESS 14849 ROSETOWN AVE CITY-ST-ZIP CITY-ST-7IP **FONTANA CA 92336** ☐ Delete TITLE . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 The pand accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director bewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if