

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90215 015 ***150.00

1.57.99.98

DOCUMENT # F94000006424

1. Entity Name
BERNARDI & ASSOCIATES, INC.



Principal Place of Business
PO BOX 1925
NOGALES AZ 85628

Mailing Address
PO BOX 1925
NOGALES AZ 85628



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GARRETT, DAN
10955 ENTERPRISE AVE
BONITA SPRINGS FL 34135

4. FEI Number **86-0271594**
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNARDI, ALBERT A	
STREET ADDRESS	559 FRONTAGE RD	
CITY-ST-ZIP	NOGALES AZ 85621	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOSEPH F	
STREET ADDRESS	559 FRONTAGE RD	
CITY-ST-ZIP	NOGALES AZ 85621	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOAN M	
STREET ADDRESS	559 FRONTAGE RD	
CITY-ST-ZIP	NOGALES AZ 85621	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARDI, CATHERINE H	
STREET ADDRESS	559 FRONTAGE RD.	
CITY-ST-ZIP	NOGALES AZ 85621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** (520) 281-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)