FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G15942 **DOCUMENT #**

1. Entity Nam BERRY C		ICTION COMPANY,	INC.						04-08-200	3 90092 0	31 ***15	8.75
Principal Plac 3351 DREW S JACKSONVILL US	ST.	S	Mailing / P.O. 80 JACKSO			.		1				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-2256240 Applied For Not Applied			pplied For	
Zip		-Country	Zip -	y‡₌ ÷	Coun	try	-, ·	5. Certif	ficate of Status Desired		\$8.75 Ad Fee Require	lditional
	6. Name	and Address of Current F	l Registered	Agent				7. Name	e and Address of New		- '	
	01 1741110					Name					3	
BERRY. M	MORRIS E J	R							•			
8937 SAN RAE RD.						Street Address (P.O. Box Number is Not Acceptable)						
	WILLE FL 3	2217										
						City		•		FL	Zip Cod	de
	e named entit tions of regist	y submits this statement for ered agent.	the purpos	e of changing its r	egistere	ed office or	registere	d agent, o	or both, in the State of F	orida. I am f	amiliar with,	, and accept
SIGNATURE .												
OIGHT TOTAL												
	Signature, typed	or printed name of registered agent at	nd title if applica	ble. (NOTE:	Registered	d Agent signate	ure required v	hen reinstati	ng)	DATE		
Afte	FILE NOW!! or May 1, 200	or printed name of registered agent at II. FEE IS \$150.00 03 Fee will be \$550.00 or Florida Department of		ble. (NOTE:	Registered	d Agent signati	ure required v		ng) 9. Election Campaign F Trust Fund Contribution	inancing _	\$5.0 Adde	00 May Be d to Fees
Afte	FILE NOW!! or May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00	State		Registered	d Agent signati	ure required v	•	9. Election Campaign F	inancing on.	Adde	d to Fees
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP