

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91175 008 ***150.00

DOCUMENT # G30722

1. Entity Name
BERGSTRESSER II, INC.

Principal Place of Business
 157 N INDUSTRIAL DRIVE
~~4575 STONE TRAIL~~
 ORANGE CITY FL 32763
 US

Mailing Address
 1347 KETTLEDUM TRAIL
 ENTERPRISE FL 32725
 US



2. Principal Place of Business
 157 N. Industrial Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2279354

Applied For
 Not Applicable

Zip
 32763

Country
 US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGSTRESSER, MARY A.
 1347 KETTLEDUM TRL
 ENTERPRISE FL 32725

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.

SIGNATURE _____
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | BERGSTRESSER, MARY A | |
| STREET ADDRESS | 1347 KETTLEDUM TRL | |
| CITY-ST-ZIP | ENTERPRISE FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BERGSTRESSER, DAVID R | |
| STREET ADDRESS | 1347 KETTLEDUM TRL | |
| CITY-ST-ZIP | ENTERPRISE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| NAME | |
| 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 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: Mary A. Bergstresser **MARY A. BERGSTRESSER** 4/1/02 (407) 330-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)