

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90401 024 ***150.00

0049291 AT

DOCUMENT # G31739

1. Entity Name
DAVID E. BERGERON, INC.



Principal Place of Business
% DAVID E BERGERON
20312 PENNSYLVANIA AVE PO BOX 840
DUNNELLON FL 34430
US

Mailing Address
% DAVID E. BERGERON
20312 PENNSYLVANIA AVE PO BOX 840
DUNNELLON FL 34430
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number **59-2280805** Applied For
Not Applicable

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

BERGERON, DAVID E.
314 E PENNSYLVANIA AV
DUNNELLON FL 34430

Name **Bergeron, David E**
Street Address (P.O. Box Number is Not Acceptable)
21890 SW 80th Place Road
City **Dunnellon** FL Zip Code **34432**

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 David E Bergeron
Signature, typed or printed name of registered agent and title if applicable (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BERGERON, DAVID E.	8351 SW 209 CT RD	DUNNELLON FL 34431	<input type="checkbox"/>
STD	BERGERON, JOYCE C.	8351 SW 209 CT RD	DUNNELLON FL 34431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		21890 SW 80th Place Road	Dunnellon, FL 34431	<input type="checkbox"/>	<input type="checkbox"/>
		21890 SW 80th Place Road	Dunnellon, FL 34431	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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 01/09/03 (352) 489 2174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #