2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # G91039** 1. Entity Name 05-16-2001 90036 017 ***150.00 BERRY DEVELOPMENT CORPORATION OF FLORIDA Principal Place of Business Mailing Address 80204 7901 LUXBURY PL. PO BOX 272082 TAMPA FL 33614 TAMPA FL 33688-2082 2. Principal Place of Business 3. Mailing Address 8019 N. HIMES Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OUITE 406 City & State City & State Applied For 4. FEI Number 59-2452502 AMPA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERRY, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 7901 LUXBURY PL. 14303 BELLEMONT PLACE TAMPA FL 33614 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE BERRY ROBERTE, BERRY, ROBERT E. NAME STREET ADDRESS STREET ADDRESS 14303 BELLEMONT PLACE 7901 LUXBURY PL. CITY-ST-ZIP CITY-ST-7IP <u>Tampa, FL 33624</u> TAMPA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BERRY, STEVEN M. NAME NAME STREET ADDRESS STREET ADDRESS 3714 VILLAGE ESTATES CITY-ST-ZIP CITY-ST-ZIP Tampa FL - Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME

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 supplieriental 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 trusted explorated 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 ap-

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR