

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90009 013 ***150.00

000439



DO NOT WRITE IN THIS SPACE

DOCUMENT # J26515																																			
1. Entity Name BERSON PROPERTIES, INC.																																			
Principal Place of Business 1625 WEST MARION AVE 16 PUNTA GORDA FL 33950 US		Mailing Address 1625 WEST MARION AVE 16 PUNTA GORDA FL 33950 US																																	
2. Principal Place of Business 101 Taylor Street Suite, Apt. #, etc.		3. Mailing Address 101 Taylor Street Suite, Apt. #, etc.																																	
City & State Punta Gorda, FL		City & State Punta Gorda, FL																																	
Zip 33950 Country US		Zip 33950 Country US																																	
4. FEI Number 59-2700476		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent BERSON, C.T. 2560 RIO PALERMO CT PUNTA GORDA FL 33950		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.																																			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of State																																	
		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"> P BERSON, C.T. 2560 RIO PALERMO CT PUNTA GORDA FL 33950 ☐ Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERSON, C.T. 2560 RIO PALERMO CT PUNTA GORDA FL 33950 ☐ Delete															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition														
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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: C.T. BERSON - Pres. 01/03/01 (9416393200) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																			

CR2E034 (10/00)