

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-13-2000 90035 028 ***150.00

DOCUMENT #

1. Entity Name

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	Pres. Julius Berese	17431 Old Bayshore Rd.	FT. Myers, Fla. 33917	☐		FT. Myers, Fla.	33917		☐	☐
	Sec. Treas.	Julius Berese	17431 Old Bayshore Rd. Ft. Myers, Fla. 33917	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doc# J40062

J & G BERCSE, INC.
PH. 543-6204
17431 OLD BAYSHORE ROAD
NORTH FT. MYERS, FL 33917

J & G Bercse - Pres.

306379
6107

PAY
TO THE
ORDER OF

Florida Dept. of State

DATE 4-17-00

63-4/630 FI
199

One Hundred Fifty Dollars

\$ 150.00

DOLLARS

NationsBank

NationsBank, N.A.

ACH R/T 083000047 Federal A.D. Tax 59-2726770

FOR 0463426

J40062

Blondy Bercse

00061070 0063000047 001761900189



TO: 0463426 AF **AUTO T1 2 1201



J40062

J & G BERCSE, INC.
17431 OLD BAYSHORE RD
NORTH FORT MYERS FL 33917

7-15
54-1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314