## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # **J65397** 1. Entity Name BERNIE CORPORATION 03-19-2001 90046 023 \*\*\*158.75 Mailing Address Principal Place of Business %-BERNHARDT-ROSENBERG- DELETE %-BERNHARDT-ROSENBERG DELETE 4141 OCEAN DR #504 4141 OCEAN DR #504 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address 755-Beachland Blvd. 755 Beachland Blvd. DO NOT WRITE IN THIS SPACE Suite, Ap: Vero Beach, FL Applied For 4. FEI Number 42-0843270 Vero Beach, -FL 32963 Not Applicable \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name W. Andrew White ROSENBERG, BERNHARDT Street 755 Beachland Blvd. 4141 OCEAN DR SUITE 504 VERO BEACH FL 32963 32963-Vero Beach 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. Registered Agent signature required when reinstating) Andrew White FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 - ~ OFFICERS AND DIRECTORS 11. **★** Addition P Change TITLE TITLE Delete W. Andrew White NAME ROSENBERG, BERNHARDT NAME STREET ADDRESS 755 Beachland Blvd. STREET ADDRESS 4141 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIE Vero Beach, FL 32963 VERO BEACH FL **本** Addition D, VP, S Delete TITLE TITLE NAME Kevin E. Brown NAME STREET ADDRESS STREET ADDRESS 755 Beachland Blvd. CITY-ST-ZIP CITY-ST-ZIP <u>Vero Beach, FL 32963</u> **≭**X Addition Change ☐ Delete TITLE D. VP TITLE Libby Circelli NAME NAME STREET ADDRESS 6353 Paderbourne Drive STREET ADDRESS CITY-ST-ZIP Hudson, OH 44236 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Daytime Phone #

IING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

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