

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90021 014 ***158.75

DOCUMENT # J77920
 1. Entity Name
DESCHAMPS-BERNIER, INC.

Principal Place of Business: 3117 W COLUMBUS DRIVE TAMPA FL 33607
 Mailing Address: 3117 W COLUMBUS DRIVE TAMPA FL 33607

Mc ELO 9/25/01

769687

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: 59-2815656 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: FINN, DIANNE M, 1770 HANNA ROAD, LUTZ FL 33549

7. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): 17700 HANNA ROAD, City: LUTZ, State: 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	
TITLE: P NAME: DIANNE FINN STREET ADDRESS: 17700 HANNA ROAD CITY - ST - ZIP: LUTZ FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP: LUTZ FL 33549	
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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: *[Signature]* **DIANNE FINN** *President 4/30/01* *941-756-9112*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)