AMENDED

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 11 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K85526

1. Entity Name
BERRYMAN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7406 N. MAIN ST	7406 N. MAIN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32208 Country: USA	Zip: 32208 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592949643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Keith BERRYMAN

Street Address (P.O. Box Number is Not Acceptable): 10000 GATE PARKWAY NORTH #1821

City: JACKSONVILLE FL Zip Code: 32246

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President, DIRECTOR
NAME	Keith L. BERRYMAN
STREET ADDRESS	10000 GATE PARKWAY NORTH # 1821
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	Vice President, DIRECTOR
NAME	Joseph D. BERRYMAN
STREET ADDRESS	541 VERA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	SECRETARY
NAME	WALTER J. KEY
STREET ADDRESS	511 VERA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	TREASURER
NAME	MARK NORDSTROM
STREET ADDRESS	33 34th ST
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
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NAME	200009476792
STREET ADDRESS	12/12/02--01022--001 **61.25
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STREET ADDRESS	**DO NOT WRITE**
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TITLE	**IN THIS SPACE**
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CR2E034B (12/01)

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

SIGNATURE: _____ 12-10-02 (904) 765-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/12