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03 NOV 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85526

1. Entity Name
BERRYMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7406 MAIN ST. JACKSONVILLE, FL 32208	7406 MAIN ST. JACKSONVILLE, FL 32208

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **59-2947643** ☐ 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
BERRYMAN, KEITH L. 10000 GATE PARKWAY NORTH, #1821 JACKSONVILLE, FL 32246	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERRYMAN, KEITH L. 10000 GATE PARKWAY NORTH, #1821 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BERRYMAN, JOSEPH D. 541 VERA DR. JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000025001480 11/25/03--01006--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEY, WALTER 611 VERA DR. JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, T KEY, WALTER 511 VERA DRIVE JACKSONVILLE, FL 32218 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NORSTROM, MARK 33 34TH STREET JACKSONVILLE, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NORDSTROM, MARK 3334TH ST JACKSONVILLE, FL 32250 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WENDELL B. WALLS 13103 GILLESPIE AVE JACKSONVILLE, FL 32218 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K Berryman 11-21-03 (904) 765-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #