

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56403

1. Entity Name

BERTIE'S LUNCHEONETTE, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90032 031 ***150.00

Principal Place of Business

Mailing Address

% LARRY G. WATSON
2575 B. N ATLANTIC AVE
DAYTONA BEACH FL 32118

% LARRY G. WATSON
2575 B. N ATLANTIC AVE
DAYTONA BEACH FL 32118-3203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3006915**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, LARRY G.
2575 B. N ATLANTIC AVE
DAYTONA BEACH FL 32118

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	DP	<input type="checkbox"/> Delete
NAME	WATSON, LARRY G.	
STREET ADDRESS	8 PETREA TERR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WATSON, ROBERTA A.	
STREET ADDRESS	8 PETREA TERR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WATSON, VERONICA	
STREET ADDRESS	8 PETREA TERR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Larry G. Watson* **LARRY G. WATSON Pres**

3-13-00 **904 672 8656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)