

2001 UNIFORM BUSINESS REPORT (UBR)

0024607 AF

DOCUMENT # L99000009069

1. Entity Name

BERG AND PAINTER, LLC

FILED

01 JAN 16 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% CHARLES BERG ENTERPRISES, INC.
1220 NW 53RD AVENUE
GAINESVILLE FL 32653

Mailing Address

% CHARLES BERG ENTERPRISES, INC.
1220 NW 53RD AVENUE
GAINESVILLE FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES BERG ENTERPRISES
1220 N2 53RD AVENUE
GAINESVILLE FL 32653

Name

Street Address (P.O. Box Number is Not Acceptable)

1220 NW 53rd Avenue

City

Gainesville

FL

Zip Code

32653

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
BERG, CHARLES W
1220 NW 53RD AVENUE
CITY-ST-ZIP GAINESVILLE FL 32563

TITLE NAME ☐ Change ☐ Addition
500003572515--4
-01/24/01--01015--019
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM
PAINTER, JAMES F
2425 NE 19TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE NAME ☐ Change ☐ Addition
[Signature]

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles M. Berg REQUIRED

01-11-01

352-377-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)