

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90307 012 ****61.25

DOCUMENT # N00000003989

1. Entity Name

BERYLS RESOURCES CENTER, INC.



Principal Place of Business

**3120 MARINA WAY
LANTANA FL 33462**

Mailing Address

**3120 MARINA WAY
LANTANA FL 33462**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1021682**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, DESMOND
3120 MARINA WAY
LANTANA FL 33462**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD THOMPSON, DESMOND**
STREET ADDRESS **3120 MARINA WAY**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete
NAME **TD THOMPSON, CHERYL**
STREET ADDRESS **3120 MARINA WAY**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete
NAME **SD CLARKE, RONALLY**
STREET ADDRESS **4516 BARCLAY CRESENT**
CITY-ST-ZIP **LAKE WORTH FL 33462**

TITLE ☒ Delete
NAME **PRM BARTLEY, MICHAEL**
STREET ADDRESS **17395 FOX TRAIL LN**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☒ Delete
NAME **PD JOHNSON, KOREEN**
STREET ADDRESS **17395 FOX TRAIL LN**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME **T THOMPSON, ALTON**
STREET ADDRESS **350 E TAYLOR ST #3206**
CITY-ST-ZIP **SAN JOSE CA 95112**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

RECEIVED

08/11/03 561964132

CR2E037 (4/03)