FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90004 002 ***150.00

DOCUMENT # P00000033836

1. Entity Name

Theodore F & Susanne Bergen Int. PA

Principal Place of Business	Mailing Address
5034 N. Fed. Hwy	5034 N Fed. Hwy
Lighthouse Pt. Fl 33064	Lighthouse Pt Fl 33064

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-
☒ Applies 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
Name Theodore F Bergen
Street Address (P.O. Box Number is Not Acceptable) 5034 N Federal Hwy
City Lighthouse Pt FL Zip Code 33064

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]
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, 2001 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

TITLE	PD	☐ Delete
NAME	Bergen Theodore	
STREET ADDRESS	2741 NE Ninth Ct	
CITY-ST-ZIP	Pompano Fl 33062	
TITLE	D	☐ Delete
NAME	Bergen, Susanne	
STREET ADDRESS	2741 NE Ninth Ct	
CITY-ST-ZIP	Pompano Bch, Fl 33064	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5034 N Fed. Hwy	
CITY-ST-ZIP	Lighthouse Pt Fl 33064	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5034 N Fed Hwy	
CITY-ST-ZIP	Lighthouse Pt Fl 33064	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE