

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042729

1. Entity Name

BERNHARDT BUILDING AND REMODELING, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90009 048 ***150.00

Principal Place of Business

648 EAST CONFERENCE DRIVE
BOCA RATON FL 33486

Mailing Address

648 EAST CONFERENCE DRIVE
BOCA RATON FL 33486

2. Principal Place of Business

2520 NW 2nd Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

Palm Beach

Country

4. FEI Number

65-1026455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNHARDT, JOHN
648 EAST CONFERENCE DRIVE
BOCA RATON FL 33486

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.

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 BERNHARDT, JOHN
STREET ADDRESS 648 EAST CONFERENCE DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE STD ☐ Delete
NAME BERNHARDT, WENDY
STREET ADDRESS 648 EAST CONFERENCE DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

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
CITY-ST-ZIP

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

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: Wendy N. Bernhardt Wendy N. Bernhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/01 561-362-0719

Daytime Phone #

CR2E034 (10/00)