

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 004 ***150.00

DOCUMENT # P00000042729

1. Entity Name
BERNHARDT BUILDING AND REMODELING, INC.



Principal Place of Business
**14100 SE FLORA AVENUE
HOBE SOUND, FL 33455**

Mailing Address
**648 EAST CONFERENCE DRIVE
BOCA RATON, FL 33486**

2. Principal Place of Business

3. Mailing Address

P.O. Box 393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hobe Sound FL

Zip

Country

Zip

33475

Country

Martin



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1026455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 **Bernhardt, John**

Street Address (P.O. Box Number is Not Acceptable)
14100 SE Flora Ave.

City **Hobe Sound**

FL

Zip Code

33455

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]

John E. Bernhardt, President 4-20-03

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

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14100 SE Flora Ave.**
CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14100 SE Flora Ave.**
CITY-ST-ZIP **Hobe Sound FL 33455**

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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 607, 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:

[Signature]

Wendy N. Bernhardt 4-20-03

772-546-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)