

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91342 012 ***150.00

DOCUMENT # P00000112416

1. Entity Name
BERT'S HOT BAKED GRINDER'S, INC.
OF VERO BEACH

(NCLW)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8195 20th St.

Suite, Apt. #, etc.

3. Mailing Address
2448 Okeechobee Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Veró Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
65-1067283

Applied For
Not Applicable

Zip
32996

Country
USA

Zip
33409

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Bert Klawonn

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

1679 Flagler Parkway

City

West Palm Beach

FL

Zip Code
33411

**DO NOT WRITE
IN THIS SPACE**

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 re-appointing)

MAY 8, 02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Bert Klawonn
1679 Flagler Parkway
West Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 8/02
Date

561 687 3382
Daytime Phone #

CR2E034B (12/01)