

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90251 046 ***150.00

DOCUMENT # P00000113726

1. Entity Name
BERGANTINO CONSULTANTS, INC.

Principal Place of Business

285 STROM RD
 QUINCY FL 32351

Mailing Address

285 STROM RD
 QUINCY FL 32351

362106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1833 HALSTEAD BLVD
 Suite, Apt. #, etc.
 #605

3. Mailing Address

1833 HALSTEAD BLVD
 Suite, Apt. #, etc.
 #605

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3696608

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGANTINO, JUDITH
 285 STROM RD
 QUINCY FL 32351

7. Name and Address of New Registered Agent

Name JUDITH BERGANTINO
 Street Address (P.O. Box Number is Not Acceptable)
 1833 HALSTEAD BLYD
 #605
 City TALLAHASSEE, FL Zip Code 32308

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, 2002 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 D ☐ Delete
 NAME BERGANTINO, JUSITH
 STREET ADDRESS 285 STROM ROAD
 CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete
 NAME BERGANTINO, MICHAEL
 STREET ADDRESS 9226 BINNACLE ROAD, #2912
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
 NAME BERGANTINO, MATTHEW
 STREET ADDRESS 154 ROWAN ROAD
 CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete
 NAME BERGANTINO WEHR, AMY
 STREET ADDRESS 55 CHESTNUT LANE
 CITY-ST-ZIP LEVITTOWN NY 11756

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
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 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:

Judith Bergantino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-02 850-825-9202

CR2E034 (9/01)