

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90788 025 ***150.00

0046565 AV

DOCUMENT # P00000113726

1. Entity Name
BERGANTINO CONSULTANTS, INC.



Principal Place of Business
**1833 HALSTEAD BLVD
#605
TALLAHASSEE FL 32308**

Mailing Address
**1833 HALSTEAD BLVD
#605
TALLAHASSEE FL 32308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3696608**

Applied 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

**BERGANTINO, JUDITH
1833 HALSTEAD BLVD
#605
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **D BERGANTINO, JUDITH**
STREET ADDRESS **1833 HALSTEAD BLVD #605**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

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

TITLE ☒ Change ☐ Addition
NAME **BERGANTINO, MICHAEL**
STREET ADDRESS **WINE DR.**
CITY-ST-ZIP **BROOKSVILLE, FL**

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

TITLE ☐ Change ☐ Addition
NAME **BERGANTINO, MATTHEW**
STREET ADDRESS **154 ROWAN RD**
CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE ☒ Change ☐ Addition
NAME **BERGANTINO WEHR, Amy**
STREET ADDRESS **1610 GEORGE RD**
CITY-ST-ZIP **WANTACH, N.Y. 11793**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4-22-03

Date

(850) 284-3016

Daytime Phone #

CR2E034 (10/02)