

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90083 042 \*\*\*158.75

DOCUMENT # 700000117394L

1. Entity Name

A. L. BERTON BUILDERS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12314 S.E. 60TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1178

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Belleview, FL

Zip

34420

Country

MAJION

City & State

Belleview, FL

Zip

34421

Country

MAJION

4. FEI Number

02-0580430

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name ALFRED LEE BERTON

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

12314 S.E. 60TH AVE

City Belleview

FL

Zip Code

34420

**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 reinstating)

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	<u>PRESIDENT</u>
NAME	<u>ALFRED LEE BERTON</u>
STREET ADDRESS	<u>12314 S.E. 60TH AVE.</u>
CITY - ST - ZIP	<u>BELLEVIEW, FL 34420</u>
TITLE	<u>VICE PRES.</u>
NAME	<u>NATHAN S. TORRELL</u>
STREET ADDRESS	<u>2588 S.E. 175 TERRACE RD.</u>
CITY - ST - ZIP	<u>SILVER SPRING, FL 34488</u>
TITLE	<u>BRAD BERTON SEC. TREAS.</u>
NAME	<u>BRAD BERTON</u>
STREET ADDRESS	<u>12314 S.E. 60TH AVE.</u>
CITY - ST - ZIP	<u>BELLEVIEW, FL 34420</u>
TITLE	
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CITY - ST - ZIP	
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**DO NOT WRITE  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

352-309-3470

Daytime Phone #

CR2E034B (12/01)