

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

FILED

02 JUN 27 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000117394**

1. Entity Name

A.L. BERTON BUILDERS INC.

(NEW NAME) **BERTON & GONZALEZ BUILDERS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

108 N. MAGNOLIA

3. Mailing Address

P.O. Box 1198

Suite, Apt. #, etc.

SUITE 319

Suite, Apt. #, etc.

City & State

Ocala, FLA.

City & State

Belleview, FLA.

Zip

34485

Country

MAHON

Zip

34420

Country

MAHON

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, 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	PRES.
NAME	MARCO A. GONZALEZ
STREET ADDRESS	3511 S.W. 25th St.
CITY-ST-ZIP	OCALA, FLA 34474
TITLE	V. PRES.
NAME	ALFRED BERTON
STREET ADDRESS	12314 S.E. 60th AVE.
CITY-ST-ZIP	BELLEVIEW, FLA 34420
TITLE	SECRETARY
NAME	ALFRED BERTON
STREET ADDRESS	12314 S.E. 60th AVE.
CITY-ST-ZIP	BELLEVIEW, FLA 34420
TITLE	TREASURER
NAME	LOLA GONZALEZ
STREET ADDRESS	3511 S.W. 25th St.
CITY-ST-ZIP	OCALA, FLA. 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

352-307-3410

Daytime Phone #

CR2E034B (12/01)