

FILED
May 30, 2002 8:00 am
Secretary of State

04-29-2002 90011 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025517

1. Entity Name

J & M BERRY PROPERTIES, INC.

Principal Place of Business
1620 SOUTH DOVER ROAD
DOVER FL 33527

Mailing Address
1620 SOUTH DOVER ROAD
DOVER FL 33527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-370 3537

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROSS, HOWARD C
STROSS LAW FIRM, P.A.
33920 U.S. 19 NORTH, SUITE 351
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
Carl T. Watkins

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

5013 Memorial Highway

City
Tampa

FL

Zip Code
33631

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

Carl T. Watkins

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

(NOTE: Registered Agent signature required when reinstating)

DATE
April 15, 02

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)