

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90183 012 ***150.00

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

4. FEI Number **59-3703537**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATKINS, CARL T
5013 MEMORIAL HIGHWAY
TAMPA FL 33634**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	BERRY, JON	1620 SOUTH DOVER RD	DOVER FL 33527	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BERRY, MARLA	12010 ASHLEY RD	MASON NH 03048	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BARRY, JON	1620 SOUTH DOVER RD	DOVER FL 33527	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BERRY, MARLA	120 OLD ASHBEY RD	MASON NH 03048	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: W. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 813 662 6080
Date Daytime Phone #

CR2E034 (10/02)