

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90091 041 \*\*\*150.00

DOCUMENT # **P01000039021**

1. Entity Name  
**J & D Associates, Incorporated of South Florida**  
**Florida**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**167 Ethelyn Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**167 Ethelyn Drive**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FCI Number **65-1090792**

Applied For  
Not Applicable

Zip  
**33415** Country  
**Palm Beach**

Zip  
**33415** Country  
**Palm Beach**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Gary Duane Berg**

Street Address (P.O. Box Number is Not Acceptable)  
**167 Ethelyn Drive**

City  
**West Palm Beach, FL** Zip Code  
**33415**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Gary Berg**  
**167 Ethelyn Dr W. Palm BCH, FL**  
**33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Dawn Berg**  
**167 Ethelyn Dr W. Palm BCH, FL**  
**33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S Jennifer Garcia**  
**167 Ethelyn Dr W. Palm BCH, FL**  
**33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T Roberto Garcia**  
**167 Ethelyn Dr W. Palm BCH, FL**  
**33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

**Gary D. Berg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)