

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90941 009 ***150.00

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DOCUMENT # P01000042863

1. Entity Name
BERPIE, INC.

Principal Place of Business
2807 KIPPS COLONY DRIVE SOUTH
GULFPORT FL 33707

Mailing Address
2807 KIPPS COLONY DRIVE SOUTH
GULFPORT FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1135 So. Pasadena Ave.
 Suite, Apt. #, etc.
Suite 327C
 City & State
ST. PETERSBURG, FL
 Zip
33707 Country
USA

3. Mailing Address
1135 So. Pasadena Ave.
 Suite, Apt. #, etc.
Suite 327C
 City & State
ST. PETERSBURG, FL
 Zip
33707 Country
USA

4. FEI Number **59-3712892** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BERTRAND, LISA M
2807 KIPPS COLONY DRIVE SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERTRAND, LISA M		NAME		
STREET ADDRESS	2807 KIPPS COLONY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERTRAND, LISA M		NAME		
STREET ADDRESS	2807 KIPPS COLONY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ **3-26-02** **(727) 344-5653**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)