## **FILED**

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90184 048 \*\*\*150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** P01000061809

DOCUMENT # 1. Entity Name

Principal Place of Business

BERRY, DAY & MCFEE, P.A.

Mailing Address 2671 AIRPORT RD. SOUTH, STE. 301 NAPLES FL 34112

2671 AIRPORT RD. SOUTH, STE. 301 NAPLES FL 34112

icipal Place of Business	3. Mairing Address
e, Apt. #, etc.	Suite, Apt. #, etc.



2. Principal Place of Business 3. Mairing Address 2670 ALCOOM ROAD SOLUTION							* (1941/1921 )))					
Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES					
City & Stat	City & State City & State					<b>4.</b> F	El Number	59-3729771		+	plied For t Applicable	
Zip		Country	Zip	Count	ry	5. (	Dertificate of	Status Desired		<b>75</b> Add Required		
	6. Name	and Address of Current	Registered Agent			7. N	Name and A	ddress of New Re	egistered Agen	ıt	V.E. 70 .	
					Name							
BERRY, JERRY				ļ	C) 1 4 4 d	d== (D.O. D.	<b>k</b> 1 1 1	- N				
2671 AIRPORT RD. SOUTH, STE. 301				1	Street Address (P.G. Box Number is Not Acquetable)							
NAPLES FL 34112				ŀ	2010 mp 101 101 100 11.							
MAI LEG 1	LOTTIZ				,							
					City				FL   2	Zip Code	•	
8 The above	named entity	y submits this statement fo	ir the ournose of changi	ing its registere	d office or r	registered and	ent or both	in the State of Flor	rida Lam famili	ar with	and accept	
	tions of regist		in the purpose of change	ing its registere	a office of s	egistered agt	sitt, or both,	in the state of hor	da. ( da (	ω. w.α., ε	and decept	
J		Ü										
SIGNATURE .			Line M. F. M.	#107E P			Table N. A.		DATE			
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature	a required when re	instating)					
F Affer	ILE NOW!!	! FEE IS \$150.00					9 Flecti	ion Campaign Fina	ancina	\$5.00	0 May Be	
After	r May 1, 200	3 Fee will be \$550.00						Fund Contribution	· —		to Fees	
Make Check	c Payable to	Florida Department of	f State					. 4,10 00,111,011,011		,,,,,,,		
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CH	HANGES TO OFF	CERS AND DIR	ECTORS	S IN 11	
TITLE	D		Delete	TITLE		· · · · · · · · · · · · · · · · · · ·				Change	☐ Addition	
NAME	BERRY, JI	erry		NAME		21111	Linn	ant Rd.	South	<u>_</u>	ĺ	
STREET ADDRESS	2671 AIRF	Port Rd. South, Ste	. 301	STREE	TADDRESS (	26/0	יות	011 1947	QCC I		}	
CITY-ST-ZIP	NAPLES F	L 34112		CITY-	ST-ZIP		/				}	
TITLE	D	<del></del> ,	☐ Delete	TITLE	- f			ort Rd., port Ro	, 1	Channe	✓ Addition	
NAME	DAY, DON	IALD P	L_ 0000	NAME		21.11	tic	inact P	1.501	IXL	١ ٠	
STREET ADDRESS		ORT RD. SOUTH, STE	. 301		TADDRESS	2010	/ ////	por	$u_{j} \otimes UU$		_	
CITY-ST-ZIP	NAPLES F				ST-ZIP		- 1	<b>'</b>				
TITLE	D	<del></del>	Delete	TITLE						Changa	Addition	
TITLE NAME	1 -	HANNON H	CT Delete	NAME		OIMA	Line	at Da	الملاء ا	. / 1		
STREET ADDRESS		PORT RD. SOUTH, STE	301		TADDRESS 4	2670	AUD	WA KU	17 000	7	<b>-</b> )	
CITY-ST-ZIP	NAPLES F		. 001	CITY-	ST- ZIP		/		/			
			Delete	TITLE						Change	Addition	
TITLE NAME			L_1 Delete	NAME					· L	o lange		
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				CITY-	ſ						ĺ	
	<del></del> -	*			-					Chanca	Addition	
TITLE			☐ Delete		1				□,	Change	☐ MOOITION	
NAME STREET ADDRESS	1			NAME STREE	ADDRESS						1	
CITY-ST-ZIP				CITY-							-	
										Chance	- Addie	
TITLE			Delete		ļ				L) (	Change	Addition	
NAME				NAME	ADDRESS							
STREET ADDRESS CITY-ST-ZIP				CITY-	ADDRESS						\	
U111-31-21F	ı			■ GHT~	11-415						1	

12. I hereby certify that the information supplied with this filling 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:

239 775 2255

Daytime Phone #

CR2E034 (10/02)