

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90231 030 ***150.00

DOCUMENT # P02000038421

1. Entity Name
J BERK CONSTRUCTORS, INC.



Principal Place of Business
**341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751**

Mailing Address
**341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751**

2. Principal Place of Business

925 EKANA GREEN COURT

Suite, Apt. #, etc.

3. Mailing Address

925 EKANA GREEN COURT

Suite, Apt. #, etc.

City & State
OVIEDO, FL

City & State
OVIEDO, FL

Zip
32765

Country
USA

Zip
32765

Country
USA

4. FEI Number
71-0881730

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KATZ, LAWRENCE H
341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751**

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / SEC. TREAS.	<input type="checkbox"/> Delete
NAME	JAMES C. BERKOBEN	
STREET ADDRESS	834 BATES COURT	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES A. BERKOBEN	
STREET ADDRESS	925 EKANA GREEN COURT	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James C. Berkoben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-03

Date

321-229-4748

Daytime Phone #

CR2E034 (10/02)