

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 025 ***550.00

DOCUMENT # P02000126729

1. Entity Name
BERKSHIRE PUBLICATIONS INC.



Principal Place of Business
BOYNTON COMMERCE CENTER #1920
BOYNTON BCH FL 33426

Mailing Address
BOYNTON COMMERCE CENTER #1920
BOYNTON BCH FL 33426

2. Principal Place of Business
1920 CORPORATE DR.
Suite, Apt. #, etc.

3. Mailing Address
1920 CORPORATE DR.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL.
Zip
33426
Country
PALM BEACH

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BOYNTON BEACH, FL.
Zip
33426
Country
PALM BEACH

4. FEI Number
05-0542810
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VICTOR, LEWIS
BOYNTON COMMERCE CENTER #1920
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent

Name
LYNN VICTOR
Street Address (P.O. Box Number is Not Acceptable)
1920 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

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 LYNN VICTOR - PRESIDENT 8-8-03
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LEWIS VICTOR
1920 CORPORATE DRIVE
BOYNTON BEACH, FL. 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LYNN VICTOR - PRESIDENT
1920 CORPORATE DRIVE
BOYNTON BEACH, FL. 33426

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☐ Change ☐ Addition

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: LYNN VICTOR - PRESIDENT 8/8/03 #561-364-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)