FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90081 050 ***150.00

DOCUMENT # P06000005435

1. Entity Name: BERRYMAN CONSTRUCTION, INC
1406 HIAWATHA AVENUE
SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

40046625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1420 HIAWATHA AVENUE	1420 HIAWATHA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FL.	City & State:
Zip: 33870 Country: HIGHLANDS	Zip: 33870 Country: HIGHLANDS

4. FEI Number: 64-0952202 ☐ Applied For ☐ Not Applicable

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: BRENDA C BERRYMAN
Street Address (P.O. Box Number is Not Acceptable): 1420 HIAWATHA AVENUE
City: SEBRING FL Zip Code: 33870

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: BRENDA C. BERRYMAN, VICE-PRESIDENT - REGISTERED AGENT DATE: 3/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing or changing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SCOTT D. BERRYMAN, PRESIDENT 1420 HIAWATHA AVENUE SEBRING, FL. 33870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-PRESIDENT BRENDA C. BERRYMAN 1420 HIAWATHA AVENUE SEBRING, FL. 33870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda C. Berryman — Brenda C. Berryman — 3/25/07 — 863-382-0936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #