FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90021 002 ***150.00

DOCUMENT # P06000054535

1. Entity Name
BERRYMAN CONSTRUCTION, INC.
1420 HIAWATHA AVENUE
SEBRING, FLORIDA 33870

DO NOT WRITE IN THIS SPACE

40035199

DO NOT WRITE IN THIS SPACE

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

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

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

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7. Name and Address of Current Registered Agent

Name: BRENDA C. BERRMAN
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: [signature] 2/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRESIDENT
NAME	SCOTT D. BERRYMAN
STREET ADDRESS	1420 HIAWATHA AVENUE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VICE PRESIDENT
NAME	BRENDA C. BERRYMAN
STREET ADDRESS	1420 HIAWATHA AVENUE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: [signature] 2/14/08 (863) 382-0736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #