

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90321 001 \*\*\*635.00

03/05/02 11:41 AM

**DOCUMENT # P93000040957**

1. Entity Name  
**BERGERON ENGINEERING CONTRACTOR, INC.**

Principal Place of Business  
**19612 SW 69TH PLACE  
 FT LAUDERDALE FL 33332**

Mailing Address  
**19612 SW 69TH PLACE  
 FT LAUDERDALE FL 33332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0419232**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**BERGERON, RONALD M SR  
 21111 SW 16TH ST  
 FT LAUDERDALE FL 33026**

**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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERGERON, RONALD M SR</b>	
STREET ADDRESS	<b>21111 SW 16TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33026</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BERGERON, LONNIE T</b>	
STREET ADDRESS	<b>19612 SW 69TH PLACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33332</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>BERGERON, RONALD M JR</b>	
STREET ADDRESS	<b>19612 SW 69TH PLACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33332</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>BERGERON, LONNIE N</b>	
STREET ADDRESS	<b>19612 SW 69TH PLACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33332</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**RONALD M. BERGERON, SR.**

**February 18,**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2002**

CR2E034 (9/01)