

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089969

1. Entity Name
BERRY - HIL CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90398 035 ***158.75

Principal Place of Business
6439 1ST AVE SOUTH
ST PETERSBURG FL 33707
US

Mailing Address
1506 ECKLES DR
TAMPA FL 33612
US

C005661C



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13507 GREENTREE DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33613
Country
US

City & State
Zip
Country

4. FEI Number 59-3406529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERRY, HILARY
1506 ECKLES DR
TAMPA FL 33612

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 _____ (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, 2001 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

TITLE PD
NAME BERRY, HILARY
STREET ADDRESS 1732 CASTLEROCK ROAD
CITY-ST-ZIP TAMPA FL 33612

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: Hilary Berry (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 813-960-3024
Date Daytime Phone #