

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90235 003 ***158.75

DOCUMENT # **P94000089969**

1. Entity Name

BERRY-HIL-CORPORATION



DO NOT WRITE IN THIS SPACE

94074748

2. Principal Place of Business

11516, FOREST HILLS DR.
Suite, Apt. #, etc.

3. Mailing Address

11516, FOREST HILLS DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL.

City & State

TAMPA, FL

4. FEI Number

59-3406529

Applied For

Not Applicable

Zip

33612

Country

U.S.A.

Zip

33612

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HILARY BERRY

Street Address (P.O. Box Number is Not Acceptable)

11516, FOREST HILLS DR.

City

TAMPA

FL

Zip Code

33612

**DO NOT WRITE
IN THIS SPACE**

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P.
HILARY BERRY
11516, FOREST HILLS DRIVE
TAMPA, FL 33612**

TITLE
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CITY - ST - ZIP

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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: **Hilary Berry** - **HILARY BERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

(813) 933-4226

Daytime Phone #

CR2E034B (12/02)