2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000030603** Jan 28, 2000 8:00 am **Secretary of State** JIM BERGE ENTERPRISE, INC. 01-28-2000 90168 038 ***150.00 Principal Place of Business Mailing Address 3060 EAGLES LANDING CIRCLE EAST 3060 EAGLES LANDING CIRCLE EAST **CLEARWATER FL 33761-2811** CLEARWATER FL 33761-811 ШS DUDDOGEOU 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0579927 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name .DEW,.JOHN.C... -Street-Address (P.O. Box Number is Not Acceptable) 150 SECOND AVENUE NORTH **SUITE 1500** ST. PETERSBURG FL 33701 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD ☐ Change TITLE ☐ Delete BERGE, JAMES 1 NAME STREET ADDRESS 3060 EAGLES LANDING CIRCLE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34621 Addition TITLE ☐ Delete ☐ Change NAME BERGE, GERTRUDE I STREET ADDRESS 3060 EAGLES LANDING CIRCLE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **CLEARWATER FL 34621** Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: DECEMBER OF SIGNING OFFICER ON DIRECTOR Date Daytime Phone #