## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P9500068362 1. Entity Name BERESFORD, INC. 03-26-2001 90035 023 \*\*\*150.00 Principal Place of Business Mailing Address 616 GLENDA STREET 616 GLENDA STREET LAKELAND FL 33805 LAKELAND FL 33805 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3333183 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERESFORD, JOAN C Street Address (P.O. Box Number is Not Acceptable) 616 GLENDA STREET LAKELAND FL 33805 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE D NAME NAME BERESFORD, JOAN C STREET ADORESS STREET ADDRESS 616 GLENDA STREET CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 Change Change Addition ☐ Delete TITLE TITI F NAME NAME BERESFORD, SANDAL H STREET ADDRESS STREET ADDRESS 620 Glenda Street 117 CREVASSE ST CITY-ST-ZIP CITY-ST-ZIP <u> Lakeland, FL 33805-2112</u> LAKELAND FL ☐ Addition X Change ☐ Delete TITLE TITLÉ NAME BERESFORD, ROBERT F. NAME 3020 Garrison Street STREET ADDRESS STREET ADDRESS 2120 W. GARDENIA DR. CITY-ST-ZIP San Diego, CA 92106 CITY-ST-ZIP PHOENIX AZ 85021 ☐ Addition ☐ Change ☐ Delete TITLE TITLE Royer, Scott E. NAME NAME 4037 Highway 60, E. Bartow, Florida 33830 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-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR