

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90022 006 \*\*\*150.00

049368 AV

**DOCUMENT # P97000001938**

1. Entity Name

**H.L. BERRY TRUCKING, INC.**

Principal Place of Business

**1622 SE 21ST TERR  
 CAPE CORAL FL 33990**

Mailing Address

**1622 SE 21ST TERR  
 CAPE CORAL FL 33990**

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 **65-0716912**

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

**BERRY, H.L.  
 1622 21ST TERR  
 CAPE CORAL FL 33990**

## 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BERRY, H.L. 1622 SE 21ST TERR CAPE CORAL FL 33990</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

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:

**SIGNATURE REQUIRED**  
**H.L. Berry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-02**

Date

Daytime Phone #

CR2E034 (9/01)

Attachments # P97000001938/604395

Blake W. Kirkpatrick  
Juris Doctorate in Law  
Master of Arts in Economics  
[bkirkpatrick@coxni.com](mailto:bkirkpatrick@coxni.com)



Suite 100  
3001 Tamiami Trail North  
Naples, Florida 34103  
941.659.4495 telephone  
941.659.4496 facsimile

February 15, 2002

***Certified Mail # 7099 3400 0016 1242 8237  
Return Receipt Requested***

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

***Re: H.L. Berry Trucking, Inc.***

Dear Sir/Madam:

Enclosed is the 2002 Uniform Business Report for the above-referenced entity companies, together with my client's check #3486, representing your \$150.00 filing fee. Please acknowledge receipt of the within document by stamping the duplicate copy of this cover letter and returning to me in the prepaid envelope provided.

Please feel free to contact me if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Blake W. Kirkpatrick', written over a horizontal line.

Blake W. Kirkpatrick

BWK/lk

Enclosures

cc: Mr. Jeffrey R. Berry (w/encl.)

Attachments #P97000001938/604395

Blake W. Kirkpatrick  
Juris Doctorate in Law  
Master of Arts in Economics  
[bkirkpatrick@coxnici.com](mailto:bkirkpatrick@coxnici.com)



Suite 100  
3001 Tamiami Trail North  
Naples, Florida 34103  
941.659.4495 telephone  
941.659.4496 facsimile

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Blake W. Kirkpatrick

BWK/lk

Enclosures

cc: Mr. Jeffrey R. Berry (w/encl.)