

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90188 013 ***150.00

DOCUMENT # P97000045547

1. Entity Name

BERGOWE, INC.

Principal Place of Business

Mailing Address

6020 LAKE WORTH ROAD
 GREENACRES FL 33463
 US

6020 LAKEWORTH ROAD
 GREENACRES FL 33463-4287
 US

2. Principal Place of Business

1599 S.W. 30TH AVE.

3. Mailing Address

1599 S.W. 30TH AVE.

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

SUITE 7

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0755461

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILBERG, RANDY
 6020 LAKE WORTH ROAD
 GREENACRES FL 33463**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D GOWER, RODNEY D**
 STREET ADDRESS **6744 ALDEN RIDGE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MILBERG, RANDY R**
 STREET ADDRESS **5037 ASHLEY LAKE DRIVE, APT 1-38**
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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:

Rodney D Gower
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
 Date

561-742-9333
 Daytime Phone #

CR2E034 (9/99)