

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055233

1. Entity Name

J. M. BERLIN DESIGNS IN METAL, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90103 012 ***150.00

Principal Place of Business

Mailing Address

5701 DEREK AVE
SARASOTA FL 34233
US

200 PALM AVE. E.
NOKOMIS FL 34275-1335

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

65-0761492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERLIN, J. MICHAEL
200 PALM AVE E
NOKOMIS FL 34275

Name Jennifer D. Berlin

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

200 Palm Ave East

City Nokomis

FL

Zip Code

34275

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

Jennifer D Berlin, Pres Jennifer D Berlin

4/10/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BERLIN, J. MICHAEL	
STREET ADDRESS	200 PALM AVE E	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERLIN, JENNIFER	
STREET ADDRESS	200 PALM AVE., EAST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer D Berlin	
STREET ADDRESS	200 Palm Ave East	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer D Berlin	
STREET ADDRESS	200 Palm Ave East	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST MCKNIGHT	
STREET ADDRESS	1813 Tallevast Rd	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Jennifer D Berlin, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer D Berlin 4/10/00 941 922-0397

CR2E034 (9/99)