

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092089

1. Entity Name

MICHAEL L. BERRY, JR., P.A.

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90335 012 ***150.00

Principal Place of Business

4 SAWGRASS VILLAGE
STE 230
PONTE VEDRA BEACH FL 32082
US

Mailing Address

4 SAWGRASS VILLAGE
STE 230
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

333 First Street North

3. Mailing Address

333 First Street North

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip 32250
32250

Country

USA

Zip

32250

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3487429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, MICHAEL L JR.

4 SAWGRASS VILLAGE SUITE 230-
PONTE VEDRA BEACH FL 32082.

7. Name and Address of New Registered Agent

Name Berry Michael L. Jr.

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

333 First Street North

Suite 305

City Jacksonville Beach

FL

Zip Code

32250

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

4/11/02

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 PSD
NAME BERRY, MICHAEL L JR
STREET ADDRESS 4 SAWGRASS VILLAGE STE 230
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 333 First Street North Ste 305
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (904) 241-1755

Date

Daytime Phone #

CR2E034 (9/01)