[redacted]

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -3 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
29765

DOCUMENT # P98000006013

1. Entity Name
BERARDI & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6721 88TH STREET EAST BRADENTON FL 34202	6721 88TH STREET EAST BRADENTON FL 34202

2. Principal Place of Business	3. Mailing Address
6713-88th Street East	6713-88th Street East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34202 Country: Manatee	Zip: 34202 Country: Manatee

DO NOT WRITE IN THIS SPACE
04/02/2002 90077 046 150.

4. FEI Number 65-0816139 ☐ 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
BERARDI, EDWARD E 6721 88TH STREET EAST BRADENTON FL 34202	Name: BERARDI, Edward E. Street Address (P.O. Box Number is Not Acceptable): 6713-88th Street East City: BRADENTON, FL Zip Code: 34202

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 X [signature] Edward E. Berardi 3-25-02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERARDI, EDWARD E 6721 88TH STREET EAST BRADENTON FL 34202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6713-88th STREET EAST ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: X [signature] Edward E. Berardi 3-25-02 941 756 3947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #