


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000055577 1. Entity Name Bernet Corp.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 PM 2:57

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5123 87th CT E Suite, Apt. #, etc. City & State Bradenton Zip 34211 Country US	3. Mailing Address 5123 87th CT E Suite, Apt. #, etc. City & State Bradenton Zip 34211 Country US
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700023515297
10/02/03--01064--011 **550.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0849014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Bernet Peter	
	Street Address (P.O. Box Number is Not Acceptable) 5123 87th CT E	
	City Bradenton	FL Zip Code 34211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernet Peter 5123 87th CT E Bradenton FL 34211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: P. TS **8/29/03** **34 727 8280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)