

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083179

1. Entity Name  
M. F. BERG, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90066 012 \*\*\*158.75

Principal Place of Business

3111 WATERWAY PLACE  
DAYTONA BEACH FL 32124

Mailing Address

3111 WATERWAY PLACE  
DAYTONA BEACH FL 32124

2. Principal Place of Business

3. Mailing Address

30 SPANISH WATERS DR. 30 SPANISH WATERS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

ORMOND BY THE SEA FL. ORMOND BY THE SEA, FL.

EEL Number

59-3536175

Applied For

Not Applicable

Zip 32176

Country USA

Zip 32176

Country USA

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

BERG, MARC E  
3111 WATERWAY PLACE  
DAYTONA BEACH FL 32124

Name

MARC E - BERG

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

30 SPANISH WATERS DR.

City

ORMOND BY THE SEA FL

Zip Code

32176

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

*[Signature]*  
MARC E. BERG  
DIRECTOR

1-16-01

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	BERG, MARC E	
STREET ADDRESS	3111 WATERWAY PLACE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HANSON, KATHLEEN O	
STREET ADDRESS	535 LAKEBRIDGE DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC E. BERG	
STREET ADDRESS	30 SPANISH WATERS DR.	
CITY-ST-ZIP	ORMOND BY THE SEA, FL.	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC E. BERG

Date

1-16-01

Daytime Phone #

904 947-0628

CR2E034 (10/00)