

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083179

1. Entity Name
M. F. BERG, INC.Principal Place of Business
30 SPANISH WATERS DR.
ORMOND BEACH FL 32176Mailing Address
30 SPANISH WATERS DR.
ORMOND BEACH FL 321762. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3536175

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERG, MARC E.
30 SPANISH WATERS DR.
ORMOND BEACH FL 32176

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

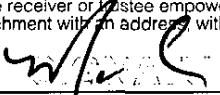
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BERG, MARC E
STREET ADDRESS 30 SPANISH WATERS DR.
CITY-ST-ZIP ORMOND BEACH FL 32176 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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.

MARC E. BERG

3-4-02

386
947-0628SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AV
1886100

CR2034 (9/01)