## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P99000028064 1. Entity Name 03-24-2002 90017 026 \*\*\*150.00 BERGHOFF USA, INC. Principal Place of Business Mailing Address 8498 CESSNA DR. 8498 CESSNA DR. **NEW PORT RICHEY FL 34654** NEW PORT RICHEY FL 34654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3597016 Not Applicable Country\_\_\_\_\_ \$8.75 Additional 5. Certificate of Status Desired 1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ST. ARNOLD, JACK R Street Address (P.O. Box Number is Not Acceptable) 1370 PINEHURST RD. **DUNEDIN FL 34698** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 114 12. CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME langenbergh. Ray van d NAME STREET ADDRESS STREET ADDRESS 8498 CESSNA DR. CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** TITLE Delete TITLE Change Addition NAME NAME Langenbergh, Deborah van D STREET ADDRESS STREET ADDRESS 8498 CESSNA DR. CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34654 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURGAND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

FILED