

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000048960**

1. Entity Name

BERNKRANT CONSULTING, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 026 ***150.00

00021110

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

3225 SPARTANA AVE

3. Mailing Address

P.O. Box 219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

SHARPES, FL

4. FEI Number

59-3578484

Applied For

Not Applicable

Zip

32953

Country

BREVARD

Zip

32959

Country

BREVARD

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

Name

Johns, Buckalew & Johns, P.A.

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

1941 MICHIGAN AVE

ATT: DALE JOHNSON

City

Cocoa

FL

Zip Code

32927

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/2000

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, 2000 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 **PRESIDENT** ☐ Delete
NAME **KEITH BERNKRANT**
STREET ADDRESS **3225 SPARTANA AVE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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] **KEITH BERNKRANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000

Date

321-639-4842

Daytime Phone #

CR2E034 (9/99)