

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 009 ***150.00

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

DOCUMENT # **P9900000489600**

1. Entity Name

BERNKRANT CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 SPARTANA AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 719

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND, FL

City & State

SHARPE, FL

4. FEI Number

59-3578484

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

-32959

Country

-USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAY BEARDALL

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

1941 MICHIGAN AVE

City

COCOA

FL

Zip Code

32922

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]

JAY BEARDALL

4/12/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

KEITH BERNKRANT (PRESIDENT)

4/11/02

321-452-7304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)