

9/17/01-90003-018-\$150.00-\$150.00

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052673

1. Entity Name

BERNS AND ALLEN, INC.

Principal Place of Business

Mailing Address

1200 SCARLET BLVD
GOLDENWATER FL 34677

1886 SETON DRIVE
CLEARWATER FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number 50-3581742

Applied For
Not Applicable

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

LAMBERT, BERNADETTE
1886 SETON DRIVE
CLEARWATER FL 33763

Name

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

City

8. The above named entity submits this statement for the purpose of changing its registered office or re-

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature)

(NOTE: Registered Agent signature)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILED NOW IN FEB 25 2002
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

11. OFFICERS AND DIRECTORS

TITLE NAME
OP LAMBERT, BERNADETTE M
STREET ADDRESS
1886 SETON DRIVE
CITY-STATE-ZIP
CLEARWATER FL 33763 ☐ Delete

TITLE NAME
DV LAMBERT, JOSEPH A
STREET ADDRESS
1886 SETON DRIVE
CITY-STATE-ZIP
CLEARWATER FL 33763 ☐ Delete

TITLE NAME
ST LAMBERT, BRIDGET E
STREET ADDRESS
1886 SETON DRIVE
CITY-STATE-ZIP
CLEARWATER FL 33763 ☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

Please be advised:
this form was
previously mailed
in april. our
payment hasn't
cleared.

Thank You
Bernadette Lambert

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: Bernadette M Lambert Pres

4/3/01

813-885-8943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

Blair

FILED

01 OCT 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Berns and Allen Inc.

1886 Seton Drive
Clearwater FL 33763

813-855-8993

pg 2 of 2

Florida Department of State
Div of Corp
Attention: Michelle Miligan
PO Box 6327
Tallahassee, Florida 32314

September 26, 2001

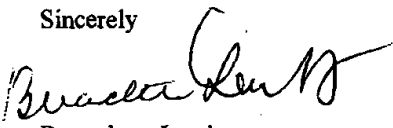
Dear Ms. Miligan:

Per our telephone conversation today, please find the enclosed UBR report which I printed from the website as you instructed. Please note that this form was filed previously in April as originally dated with a check in the amount of \$150.00.

Per our conversation please issue the report as filed.

Should you have any questions, please contact me at 813-855-8993.

Sincerely



Bernadette Lambert
President