

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90231 014 \*\*\*150.00

**DOCUMENT # P99000054887**

**1. Entity Name**  
**HYPNOCONTROL CORP**



**Principal Place of Business**  
**1720 79 ST CAUSEWAY**  
**SUITE 101**  
**N BAY VILLAGE FL 33141**

**Mailing Address**  
**1720 79 ST CAUSEWAY**  
**SUITE 101**  
**N BAY VILLAGE FL 33141**

*New Address*

**2. Principal Place of Business**

**9550 Bay Harbor Terr**

**3. Mailing Address**

**9550 Bay Harbor Terr**

Suite, Apt. #, etc.

**211**

Suite, Apt. #, etc.

**211**

City & State

**Bay Harbor, FL**

City & State

**Bay Harbor, FL**

Zip

Country

**33154** **USA**

Zip

Country

**33154** **USA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**65-0928038**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BERGMAN, ROGER**

**125 N. SHORE DR., #4**

**MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **BERGMAN, ROGER**  
**STREET ADDRESS** **125 N. SHORE DR. #4**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33141**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*SIGNATURE REQUIRED*  
**BERGMAN**

**4/24/03 301-866-7520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)