

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90082 016 ***150.00

AV

DOCUMENT # P99000054967

1. Entity Name

BERG ELECTRICAL CONSULTING, INC.

Principal Place of Business

**2137 SUNSET RIVER DR.
 JACKSONVILLE FL 32225**

Mailing Address

**2137 SUNSET RIVER DR.
 JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

14750 ~~W~~ BEACH BVD

P.O. Box 54613

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 77

City & State

City & State

JACKSONVILLE, FL.

JACKSONVILLE, FL.

Zip

Zip

Country

Country

32250

DUVAL

32245-4613

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3583724

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

**BERG, WILLIAM C JR
 2137 SUNSET RIVER DR.
 JACKSONVILLE FL 32225**

Name

BOOTH EDWARD M. JR.

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

1301 RIVERPLACE BLVD. STE 2440

City

JACKSONVILLE

FL

Zip Code

32207

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)

2/16/02

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	BERG, WILLIAM C JR.	
STREET ADDRESS	2137 SUNSET RIVER DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	BERG, WILLIAM C JR.	
STREET ADDRESS	2137 SUNSET RIVER DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Date

904-923-0921

Daytime Phone #

CR2E034 (9/01)