

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90152 024 ***158.75

0620044 AT

DOCUMENT # P99000069832



1. Entity Name
BERGERON CONSULTING INC.

Principal Place of Business
**14203 HOGAN DRIVE
ORLANDO FL 32831**

Mailing Address
**13 CONCORD CREEK RD.
GLEN MILLS PA 19342**

11014010



2. Principal Place of Business
11304 MIGHTY OAK COURT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State

4. FEI Number **23-3012118**

Applied For
Not Applicable

Zip **32821** Country **USA**

Zip Country

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

**BERGERON, WILLIAM
14203 HOGAN DRIVE
ORLANDO FL 32831**

Name
Street Address (P.O. Box Number is Not Acceptable)
11304 MIGHTY OAK COURT
City **ORLANDO FL** Zip Code **32821**

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

DATE **4-21-03**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, WILLIAM	
STREET ADDRESS	14203 HOGAN DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIPOLA, BLAINE	
STREET ADDRESS	9 FAIRVIEW AVE	
CITY-ST-ZIP	MIDDLETOWN DE 19709	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11304 MIGHTY OAK COURT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William Bergeron **WILLIAM BERGERON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-21-03** DAYTIME PHONE # **610-388-9272**

CR2E034 (10/02)