## May 01, 2003 8:00 am Secretary of State

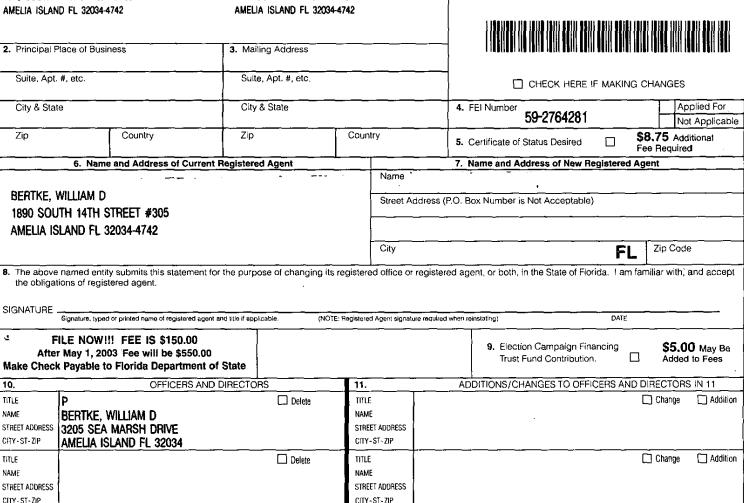
05-01-2003 90302 024 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION

Suite, Apt. #, etc.

City & State

**UNIFORM BUSINESS REPORT (UBR**) DOCUMENT # P99000088370 1. Entity Name WILLIAM BERTKE & COMPANY, P.A. Principal Place of Business Mailing Address 1890 SOUTH 14TH STREET #305 1890 SOUTH 14TH STREET #305 AMELIA ISLAND FL 32034-4742 AMELIA ISLAND FL 32034-4742 2. Principal Place of Business 3. Mailing Address



☐ Delete TITLE TITLE NAME NAME BERTKE, WILLIAM D STREET ADDRESS 3205 SEA MARSH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL 32034 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE\_ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11.

Country

Name

City

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

SIGNATURE:

Suite, Apt. #, etc.

BERTKE, WILLIAM D

1890 SOUTH 14TH STREET #305 AMELIA ISLAND FL 32034-4742

the obligations of registered agent.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

City & State

7ip

SIGNATURE

10.