## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # S19697** 1. Entity Name BERCON CORP. 04-21-2000 90095 040 \*\*\*150.00 Principal Place of Business Mailing Address 7021 GRAND MATIONAL DRIVE 7021 GRAND NATIONAL DRIVE STE 110 ORLANDO PL 32819-8905 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business 7531 GRAND NATIONAL DR. 7031 GRAND NATIONAL DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 106 B STE 106 B City & State Applied For City & State 4. FEI Number 59-3045569 ORLANDO ORLANDO Not Applicable Country Country 3<sup>Zip</sup> 819 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Peter L. Lopez SPITLER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 215 N. Eola Drive 7021 GRAND NATIONAL DR ORLANDO FL 32819 Zip Code 32801 or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entitle SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) SPEED PEED Trii FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CDP Change ☐ Addition TITLE TITLE ☐ Delete BERMAN, GUSTAVO DANIEL NAME NAME 7031 GRAND NATIONAL DR, STE. 106B 7021-GRAND-NATIONAL-DR-#110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FE 32819 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE SPITLER, WILLIAM J NAME NAME STREET ADDRESS 7021 GRAND NATIONAL DR SUITE 110 STREET ADORESS ORLANDO FL - -CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE MCGOWEN, BARBARA M NAME NAME STREET ADDRESS 7021 GRAND NATIONAL DR, STE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 (407)248-9988