

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90446 037 ***150.00

DOCUMENT # V09186

1. Entity Name
BERGE BUILDING & CONTRACTING CO.



Principal Place of Business
8465 GROVE ROAD
FORT MYERS FL 33912

Mailing Address
8465 GROVE ROAD
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0310254**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BERGE, RICHARD
8465 GROVE ROAD
FORT MYERS FL 33912

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 **3/1/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERGE, RICHARD**
STREET ADDRESS **8465 GROVE ROAD**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **V** ☒ Delete
NAME **HERNANDEZ, SAMUEL**
STREET ADDRESS **3701 SABAL PALM APT 35**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE ☒ Change ☐ Addition
NAME **Remove Samuel Hernandez**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **POWELL, JESSIE**
STREET ADDRESS **8465 GROVE ROAD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME **Vice President BRIAN BERGE**
STREET ADDRESS **8465 Grove Road**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Delete
NAME **Vice Pres. STEPHEN BERGE**
STREET ADDRESS **8465 Grove Road**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Change ☒ Addition
NAME **Vice Pres. STEPHEN BERGE**
STREET ADDRESS **8465 Grove Road**
CITY-ST-ZIP **Fort Myers FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)