

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33834

1. Entity Name

BERRY & COMPANY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90059 021 ***150.00

Principal Place of Business

Mailing Address

8251 LAKE SERENE DRIVE
 ORLANDO FL 32836
 US

8251 LAKE SERENE DRIVE
 ORLANDO FL 32869-1479
 US

2. Principal Place of Business

3. Mailing Address

10710 WOODCHASE CIRCLE 10710 WOODCHASE CIRCLE
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip
 32836

Country
 ORANGE

Zip
 32836

Country
 ORANGE

4. FEI Number 59-3121923

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

BERRY, JON M.
 8251 LAKE SERENE DRIVE
 ORLANDO FL 32836

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete
 NAME D BERRY, JON M.
 STREET ADDRESS 8251 LAKE SERENE DRIVE
 CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition
 NAME D BERRY, JON M.
 STREET ADDRESS 10710 WOODCHASE CIRCLE
 CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(l), 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

Date

Daytime Phone #

CR2E034 (9/99)