2001_UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # V59683** BERTA ENTERPRISES, INC. 04-27-2001 90404 048 ***150.00 Principal Place of Business Mailing Address 1228 SEEDS AVE 1228 SEEDS AVE SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0359687 Not Applicable Zip Country \$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 Name BERTA, WILLIAM P. Street Address (P.O. Box Number is Not Acceptable) 1228 SEEDS AVE SARASOTA FL 34237 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) TITLE ☐ Delete BERTA, WILLIAM P. NAME STREET ADDRESS STREET ADDRESS 7101 S. GATOR CREEK BLVD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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