

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90161 046 \*\*\*550.00

**DOCUMENT # P98000039004**

1. Entity Name  
**ALLEN D. BRUFISKY, P.A.**

Principal Place of Business  
**10700 STRINGFELLOW, UNIT #80**  
**BOKEELIA FL 33922**

Mailing Address  
**10700 STRINGFELLOW, UNIT #80**  
**BOKEELIA FL 33922**

2. Principal Place of Business  
**4140 GORDON DR.**

3. Mailing Address  
**4140 GORDON DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number **65-0820144**

Applied For  
 Not Applicable

Zip **34102** Country **USA**

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

## 6. Name and Address of Current Registered Agent

**BRUFISKY, ALLEN D**  
**8930 BAY COLONY DRIVE**  
**UNIT 608**  
**NAPLES FL 34108**

## 7. Name and Address of New Registered Agent

Name **BRUFISKY, ALLEN D**  
 Street Address (P.O. Box Number is Not Acceptable) **201 S BISCAYNE BLVD**  
**34TH FLOOR**  
 City **MIAMI** FL Zip Code **33131**

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 *Allen D. Brufisky*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-31-02.**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **D** ☐ Delete  
 NAME **BRUFISKY, ALLEN D**  
 STREET ADDRESS **8930 BAY COLONY DRIVE, UNIT 608**  
 CITY-ST-ZIP **NAPLES FL 34108**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **4140 GORDON DR**  
 STREET ADDRESS **NAPLES FL 34102**  
 CITY-ST-ZIP

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  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(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: *Allen D. Brufisky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-31-02. 305-371-8585**

Date Daytime Phone #

CR2E034 (4/02)