

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Frank W. Bruegger Painting & Decorating Inc.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90069 015 ***150.00

Principal Place of Business

Mailing Address

15822 E. Wind Circle
Sunrise, FL 33326

15822 E. Wind Circle
Sunrise, FL 33326

2. Principal Place of Business

15822 E. Wind Circle

Suite, Apt. #, etc.

3. Mailing Address

15822 E. Wind Circle

Suite, Apt. #, etc.

City & State

Sunrise, FL 33326

Zip Country
33326

City & State

Sunrise, FL 33326

Zip Country
33326

4. FEI Number

59-1702520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Frank W. Bruegger Jr.
16703 W. Pleasure Drive
Loxahatchee, FL 33470

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.

SIGNATURE

Frank W. Bruegger Jr. President

4/9/01

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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

TITLE NAME
President
Frank W. Bruegger Jr.
STREET ADDRESS
16703 W. Pleasure Dr.
CITY-ST-ZIP
Loxahatchee, FL 33470 ☐ Delete

TITLE NAME
Vice President
Harriet Bruegger
STREET ADDRESS
16703 W. Pleasure Drive
CITY-ST-ZIP
Loxahatchee, FL 33470 ☐ Delete

TITLE NAME
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TITLE NAME
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Harriet Bruegger
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Loxahatchee, FL 33470 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Frank W. Bruegger Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/9/01

561-333-3389

OR 305-754-1577

CR2E034 (11/00)