## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment,

SIGNATURE: 1

## Sep 12, 2001 8:00 am Secretary of State 518218 DOCUMENT # 1. Entity Name 09-12-2001 90002 016 \*\*\*150.00 BRUNO CANDIES, INC. Mailing Address Principal Place of Business 2650 NORTH FEDERAL HWY. 2650 NORTH FEDERAL HWY. 112082 FT. PIERCE FL 34946-8952 FT. PIERCE FL 34946-8952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1713661 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name anderson, valerie j. Street Address (P.O. Box Number is Not Acceptable) 2650 NORTH FEDERAL HWY. FT. PIERCE FL 33450 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE ANDERSON, DOUGLAS A NAME NAME 2240 47TH TERR STREET ADDRESS STREET ADDRESS VERO BEACH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITI F DVS Delete NAME ANDERSON, VALERIE J NAME 2240 47TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

## OHACHMENT DOC# 518818 The Bruno 715085

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9/6/01

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

ENCLOSMO IS OUR FILING FEE OF 150-WE NEVER RECEIVED THE 1ST NOTICE AND ASK THAT YOU WAIVE THE 400- PENALTY FOR THU REASON.

THANK You.

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