

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90146 013 ***150.00

DOCUMENT # 555808

1. Entity Name

BRUENING INSURANCE AGENCY, INC.



Principal Place of Business

**8211 W. BROWARD BLVD.. SUITE #440
P.O. BOX 15638
PLANTATION FL 33324-2751**

Mailing Address

**8211 W. BROWARD BLVD.. SUITE #440
P.O. BOX 15638
PLANTATION FL 33324-2751**

2. Principal Place of Business

2700 S Commerce Pkwy

3. Mailing Address

2700 S Commerce Pkwy

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

Weston FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

33331

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1781977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRILL, THEODORE F
8211 W. BRAWARD BLVD
SUITE 360
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **BRUENING, GLORIA R**
STREET ADDRESS **9861 S.W. 1ST COURT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **P** ☒ Delete
NAME **BRUENING, MARILYN J**
STREET ADDRESS **12569 NW 57 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VP** ☐ Delete
NAME **BRUENING, GLORIA R**
STREET ADDRESS **P-O BOX 15638**
CITY-ST-ZIP **PLANTATION FL 33318**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition
NAME **J. Bradley Bruening**
STREET ADDRESS **9861 SW 1st Ct**
CITY-ST-ZIP **PLANTATION FL 33324**

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

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

12. 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 10 or Block 11 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 (10/02)