FILED

## 2002 Uniform Business Report (UBR)

559719

**DOCUMENT #** 

## Apr 11, 2002 8:00 am Secretary of State 1. Entity Name I-11-2002 90041 038 \*\*\*150 00 BRUCE ENVIRONMENTAL CORPORATION Principal Place of Business Mailing Address 109 BAYBRIDGE 109 BAYBRIDGE POB 186 POB 186 GULF BREEZE FL 32562 **GULF BREEZE FL 32561** IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State \_\_\_\_ 59-1805095 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BODENHEIMER, MARALYN Street Address (P.O. Box Number is Not Acceptable) 1121 TALL PINE TRAIL GULF BREEZE, FL 32561 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 PTD TITLE Change ☐ Addition TITLE ☐ Delete BODENHEIMER, MARALYN NAME NAME STREET ADDRESS 1121 TALL PINE TRAIL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GULF BREEZE FL TITLE VPSD ☐ Delete TITLE Change Addition NAME NAME BRUCE, RICHARD MICHAE STREET ADDRESS. STREET ADDRESS. 1302-ARIOLA --- = -CITY-ST-ZIP CITY-ST-ZIP ` PENSACOLA BEACH FL ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.