

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90005 028 \*\*\*150.00

0017412 AV

**DOCUMENT # 623368**

1. Entity Name

**BUCK'S PAINT & BODY SHOP, INC.**

Principal Place of Business

**3950 SW 6 ST.  
 FT. LAUDERDALE FL 33312**

Mailing Address

**3950 SW 6 ST.  
 FT. LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1913137**

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

7. Name and Address of New Registered Agent

**BRUNO, PAT  
 3950 S.W. 6TH STREET  
 FT LAUDERDALE FL 33312**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **BRUNO, PAT**  
 CITY-ST-ZIP **541 SANDLEWOOD LANE sp.  
 PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME **BRUNO, PAT**  
 STREET ADDRESS **541 Sandlewood Lane**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **BRUNO, DOROTHY J.**  
 CITY-ST-ZIP **541 SANLEWOOD LANE sp.  
 PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME **BRUNO, Dorothy J.**  
 STREET ADDRESS **541 Sandlewood Lane**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **BRUNO, JOSEPH R**  
 CITY-ST-ZIP **6038 NW 88TH AVE  
 TAMARAC FL**

TITLE ☐ Change ☐ Addition  
 NAME **BRUNO, Joseph R**  
 STREET ADDRESS **3772 San Simeon Circle**  
 CITY-ST-ZIP **Weston, FL 33331**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **BRUNO, MARK R**  
 CITY-ST-ZIP **120 SW 91ST AVE APT 208  
 PLANTATION FL**

TITLE ☐ Change ☐ Addition  
 NAME **BRUNO, MARK R**  
 STREET ADDRESS **3202 Beacon St.**  
 CITY-ST-ZIP **Pompano Beach FL 33062**

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  
 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:

*Joseph R Bruno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-15-02*

Date

*954-583-0483*

Daytime Phone #

CR2E034 (9/01)