2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90353 034 ***150.00

DOCUMENT # 666304

1. Entity Name
BRUCE STRUMPF, INC.

DO NOT WRITE IN THIS SPACE

800528217

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2. Principal Place of Business	3. Mailing Address
314 S. Missouri AVE.	8853 San Jose Blvd.
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc.
City & State CLEARWATER, FL	City & State Jacksonville, FL 32217
Zip 33756 Country	Zip Country

4. FEI Number 59-1989902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name EDWIN PRESSER

Street Address (P.O. Box Number is Not Acceptable) 8853 San Jose Boulevard

City Jacksonville **FL** Zip Code 32217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	STRUMPF, EILEEN
STREET ADDRESS	314 S. MISSOURI AVE #305
CITY-ST-ZIP	CLEARWATER, FL
TITLE	PST
NAME	STRUMPF, BRUCE
STREET ADDRESS	314SMISSOURI AVE. #305
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	STRUMPF, BRUCE
STREET ADDRESS	314 SI MISSOURI AVE. #305
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VAS
NAME	STRUMPF, JILL
STREET ADDRESS	314 S. MISSOURI AVE. #305
CITY-ST-ZIP	CLEARWATER, FL
TITLE	DAT
NAME	STRUMPF, JILL
STREET ADDRESS	314 S. MISSOURI AVE. #305
CITY-ST-ZIP	CLEARWATER, FL 3
TITLE	V
NAME	REYNOLDS, LENORE
STREET ADDRESS	314 S. MISSOURI AVE. #305
CITY-ST-ZIP	CLEARWATER, FL

TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/18/02 727-449-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #