2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90682 014 ***150.00

DOCUMENT # 666304

1. Entity Name
BRUCE STRUMPF, INC.

Principal Place of Business	Mailing Address
314 MISSOURI AVE SOUTH #305 CLEARWATER, FL 33756 US	8853 SAN JOSE BLVD JACKSONVILLE, FL 32217 US

CHECK HERE IF MAKING CHANGES

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 **59-1989902** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWIN PRESSER 8853 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217	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 _____ DATE
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUMPF, EILEEN 314 S. MISSOURI AVE #305 CLEARWATER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST STRUMPF, BRUCE 314 MISSOURI AVE. #305 CLEARWATER, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Strumpf, Jill A. 314 Missouri Avenue, #305 Clearwater, FL 33756 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUMPF, BRUCE 314 S.MISSOURI, #305 CLEARWATER, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS STRUMPF, JILL 314 S. MISSOURI AVE, #305 CLEARWATER, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ACCOUNTS PAYABLE AMOUNT _____ DATE PAID _____ CK # _____ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT STRUMPF, JILL 314 S. MISSOURI AVE. #305 CLEARWATER, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REYNOLDS, LENORE 314 S MISSOURI AVE, #305 CLEARWATER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ Jill Strumpf, Pres. 3/12/03 727-449-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #