

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90143 025 ***150.00

DOCUMENT # 669587

1. Entity Name

BRUCE M. STANO & COMPANY P.A.

Principal Place of Business

**8903 CITRUS VILLAGE DRIVE
208
TAMPA FL 33626**

Mailing Address

**8903 CITRUS VILLAGE DRIVE
208
TAMPA FL 33626**

2. Principal Place of Business

**3118 BANYAN HILL LANE
Suite, Apt. #, etc.**

3. Mailing Address

**3118 BANYAN HILL LANE
Suite, Apt. #, etc.**

City & State

Land O' Lakes, FL.

City & State

Land O' Lakes, FL.

Zip

34639

Country

PASCO

Zip

34639

Country

PASCO

4. FEI Number

59-2018868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANO, BRUCE M.
8903 CITRUS VILLAGE DRIVE
208
TAMPA FL 33626**

Name

Street Address (P.O. Box Number is Not Acceptable)

3118 BANYAN HILL LANE

City

Land O' Lakes

FL

Zip Code

34639

7. Name and Address of New Registered Agent

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.

BRUCE M. STANO

(NOTE: Registered Agent signature required when reinstating)

4-16-02

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

TITLE NAME	PTD STANO, BRUCE M.	<input type="checkbox"/> Delete
STREET ADDRESS	11910 N.W. 14TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE NAME	S STANO, MICHELE	<input type="checkbox"/> Delete
STREET ADDRESS	11910 N.W. 14TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3118 BANYAN HILL LANE
CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3118 BANYAN HILL LANE
CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE M. STANO

4-16-02

Date

(813) 964-9812

Daytime Phone #

CR2E034 (9/01)