

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90051 043 \*\*\*150.00

**DOCUMENT # 684345**

1. Entity Name  
**BRUGGEMAN & BRUGGEMAN, INC.**



Principal Place of Business  
**2189 CLEVELAND ST.  
CLEARWATER FL 34625**

Mailing Address  
**2189 CLEVELAND ST.  
CLEARWATER FL 34625**

2. Principal Place of Business

3. Mailing Address  
**1875 Sunrise Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Clearwater FL**

Zip

Country

Zip  
**33760**

Country  
**USA**

4. FEI Number  
**59-2123439**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BOZMOSKI, JOHN, JR.  
600 BYPASS DR.  
STE. 215  
CLEARWATER FL 34624**

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	BRUGGEMAN, RONALD F.	
STREET ADDRESS	225 CYPRESS LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUGGEMAN, RONALD F.	
STREET ADDRESS	225 CYPRESS LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruggeman, Timothy J	
STREET ADDRESS	2600 Savy Ln	
CITY-ST-ZIP	Palm Harbor, Fla. 34684	
TITLE	Kelly, STACEY A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1875 Sunrise Blvd	
STREET ADDRESS	Clearwater FL 33760	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Timothy J Bruggeman** 3/1/03 727-299-1800 x2353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)