

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 844913

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: C.A. BRUHNS, INC.

Current Principal Place of Business:

P.O. BOX 518
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 518
INDIANTOWN, FL 34956 US

New Mailing Address:

1844 NORTH NOB HILL ROAD
PMB #614
PLANTATION, FL 33322 US

FEI Number: 13-5546976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, ROBERT M. J
16001 SW MARKET STREET
INDIANTOWN, FL 34959 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POST, ROBERT M JR.
Address: 16001 MARKET STREET
City-St-Zip: INDIANTOWN, FL

Title: SD () Delete
Name: GENTRY, ELIZABETH
Address: WEST FARMS RD.
City-St-Zip: INDIANTOWN, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POST, ROBERT M JR.
Address: 16001 MARKET STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: S (X) Change () Addition
Name: GENTRY, ELIZABETH
Address: WEST FARMS RD.
City-St-Zip: INDIANTOWN, FL 34956

Title: V () Change (X) Addition
Name: LESLIE, JEFFREY S
Address: 16001 MARKET STREET
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POST, ROBERT M., JR.

P

03/05/2002

Electronic Signature of Signing Officer or Director

_____ Date