

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90087 019 \*\*\*150.00

**DOCUMENT # 844913**

1. Entity Name  
**C.A. BRUHNS, INC.**



Principal Place of Business  
**P.O. BOX 518**  
**INDIANTOWN FL 34956**  
**US**

Mailing Address  
**1844 NORTH NOB HILL ROAD**  
**PMB #614**  
**PLANTATION FL 33322**  
**US**

2. Principal Place of Business  
**421 Robin Hill Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7300 W. McNAB Rd.**  
Suite, Apt. #, etc.  
**Suite # 217**

City & State  
**WAYNE, PA.**

City & State  
**TAMARAC, FL.**

4. FEI Number  
**13-5546976**

Applied For  
☐ Not Applicable

Zip  
**19087-2330** Country  
**USA**

Zip  
**33321** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name: **Manuel Kushner, Esquire**  
Street Address (P.O. Box Number is Not Acceptable):  
**40 Kaye Scholer LLP**  
**777 S. Flagler Dr., #900 West**  
City: **West Palm Beach FL** Zip Code: **33401**

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

(NOTE: Registered Agent signature required when reinstating)

**1.30.03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POST, ROBERT M JR.</b> <b>16001 MARKET STREET</b> <b>INDIANTOWN FL 34956</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GENTRY, ELIZABETH</b> <b>WEST FARMS RD.</b> <b>INDIANTOWN FL 34956</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LESLIE, JEFFREY S</b> <b>16001 MARKET STREET</b> <b>INDIANTOWN FL 34956</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARL A BRUHNS</b> <b>421 ROBIN HILL RD</b> <b>WAYNE, PA 19087</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOUGLAS P BRUHNS</b> <b>421 EAGLE RD.</b> <b>WAYNE, PA 19087</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEPHEN C BRUHNS</b> <b>3 DAWNS WAY</b> <b>MALVERN, PA 19355</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)