

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F59924

1. Entity Name

THE ENSIGN COMPANY

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90064 014 \*\*\*158.75

Principal Place of Business

505 MAITLAND AVE.  
SUITE 200  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

POST OFFICE BOX 947510  
PO BOX 4908  
MAITLAND FL 32794-7510  
US

2. Principal Place of Business

223 Altamonte Commerce Blvd.  
Suite 1320

3. Mailing Address

P.O. Box 161546  
Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

Seminole

Zip

32716

Country

Seminole

4. FEI Number

59-2153710

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNO, ANTHONY J.  
505 MAITLAND AVENUE  
SUITE 200  
ALTAMONTE SPRINGS FL 32701

Name

Bruno, Anthony J.

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

223 Altamonte Commerce Blvd  
Suite 1320

City

Altamonte Springs

FL

Zip Code

32714

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.

Anthony J. Bruno

(NOTE: Registered Agent signature required when reinstating)

4/11/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BRUNO, ANTHONY J.  
STREET ADDRESS 201 HONEYSUCKLE LANE  
CITY-ST-ZIP LONGWOOD FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME HOOD, DORIS FAY  
STREET ADDRESS 609 LUANHOE LANE  
CITY-ST-ZIP HANES BEACH FL 34212-1234

☒ Delete

TITLE V/S  
NAME Anne Marie Marshall  
STREET ADDRESS 125 RAintree Drive  
CITY-ST-ZIP Longwood, FL 32779

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

ANTHONY J. BRUNO  
P/D

Date

Daytime Phone #

CR2E034 (9/99)