

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F76356

1. Entity Name

GEORGE H. BRUSS, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90025 039 ***150.00

00021712



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JACK WINEBRENNER 3773 CENTRAL AVE. #A185 ST. PETERSBURG FL 33713	% JACK WINEBRENNER 3773 CENTRAL AVE. #A185 ST. PETERSBURG FL 33713-8338

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2179169	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WINEBRENNER, JACK 3773 CENTRAL AVENUE ST. PETERSBURG FL 33713

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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, 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	
TITLE	PD <input type="checkbox"/> Delete
NAME	BRUSS, GEORGE H
STREET ADDRESS	2229 MERLIN DR.
CITY-ST-ZIP	JEFFERSON CITY MO
TITLE	VP <input type="checkbox"/> Delete
NAME	WINEBRENNER, JACK M
STREET ADDRESS	3773 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	S <input type="checkbox"/> Delete
NAME	BRUSS, LUANNE A.
STREET ADDRESS	2229 MERLIN DR.
CITY-ST-ZIP	JEFFERSON CITY MO
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

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:

George H. Bruss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE H BRUSS

02/06/00
Date

727/327-1202
Daytime Phone #

CR2E034 (9/99)