

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90003 002 \*\*\*150.00

**DOCUMENT # F97000000967**

1. Entity Name

**BRUCE AIR FILTER COMPANY**

Principal Place of Business

**8900 MT HOLLY ROAD  
 CHARLOTTE NC 28214**

Mailing Address

**8900 MT HOLLY ROAD  
 CHARLOTTE NC 28214**

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

**56-1589726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACK, MARTIN JR  
 2064 PARK STREET  
 JACKSONVILLE FL 32204**

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

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

(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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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  
 NAME **P BRUCE, THOMAS W** ☐ Delete  
 STREET ADDRESS **3117 FOXMEADE DRIVE**  
 CITY-ST-ZIP **MATTHEWS NC 28105**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment DOC# F97000000967



800 61499

BRUCE AIR FILTER COMPANY 8900 MOUNT HOLLY ROAD CHARLOTTE, NORTH CAROLINA 28214

July 26, 2001

Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: F97000000967

Dear Sir / Madam:

Bruce Air Filter Company recently received your 2001 Uniform Business Report and noticed that the fee was much higher than years before. Once we called to find out why we were told this should have been paid by May 31, 2001, but we never received the packet until now. I'm enclosing a check for the amount of \$150.00 that was originally due. If you have any questions concerning this matter please contact Josette Black at 704-391-7474.

Cordially,

Thomas Bruce  
Bruce Air Filter Company  
President