

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006707

1. Entity Name

ROBERT BRUNNER, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90315 034 ***158.75

Principal Place of Business

Mailing Address

PO BOX 771210
CORAL SPRINGS FL 33077-1210

PO BOX 771210
CORAL SPRINGS FL 33077-1210

2. Principal Place of Business

5369 W. Hillsboro Blvd
Suite, Apt. #, etc.

3. Mailing Address

5369 W. Hillsboro Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coconut Creek FL

City & State
Coconut Creek FL

4. FEI Number 11-2913923

Applied For
Not Applicable

Zip Country
33433 USA

Zip Country
33433 USA

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

BRUNNER, ROBERT
210 UNIVERSITY DR., STE 502
CORAL SPRINGS FL 33071

Name Brunner, Robert
Street Address (P.O. Box Number is Not Acceptable)
8056 Severn Dr Apt D
City Boca Raton FL Zip Code 33433

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 ROBERT BRUNNER PRESIDENT 4/27/2000
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PCD BRUNNER, ROBERT 210 UNIVERSITY DR., STE 502 CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BRUNNER, ROBERT 8056 SEVERN DR APT D BOCA RATON FL 33433	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/27/00 954 214 3820
Date Daytime Phone #

CR2E034 (9/99)