

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000098

1. Entity Name

BRAUNEX INSURANCE & FINANCIAL SERVICES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90103 050 \*\*\*150.00

Principal Place of Business

140 BISHOPSCOURT ROAD  
 OSPREY FL 34229

Mailing Address

140 BISHOPSCOURT ROAD  
 OSPREY FL 34229-8928

00003201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 Venetia Bay Blvd #210

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 210

City & State

Venice, FL

City & State

4. FEI Number

91-1787248

Applied For

Not Applicable

Zip

34292

Country

US

Zip

Country

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

HEARON, BRUCE

140 BISHOPSCOURT ROAD  
 OSPREY FL 34229

Name

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

901 Venetia Bay Blvd #210

City

Venice

FL

Zip Code

34292

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

*Bruce Hearon*

President

4-10-00

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  
 HEARON, BRUCE  
 140 BISHOPSCOURT ROAD  
 OSPREY FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 901 Venetia Bay Blvd #210  
 Venice, Florida 34292 ☒ 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  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

TITLE  
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 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:

*Bruce Hearon*

Bruce Hearon

4-10-00

(941)

412-9655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)