

2001 UNIFORM BUSINESS REPORT (UBR)

4/3/

FILED
May 05, 2001 8:00 am
Secretary of State

04-03-2001 90047 004 ***150.00

DOCUMENT # H04108

1. Entity Name

BRUNO CONSULTING CO. INC.

Principal Place of Business

Mailing Address

%MARILYN J. BRUNO
 EMBASSY BRIDGETOWN
 FPO AA 34055 DC
 US

%MARILYN J. BRUNO
 EMBASSY BRIDGETOWN
 FPO AA 34055 DC
 US

2. Principal Place of Business

Embassy Bridgetown

Suite, Apt. #, etc.

FPO AA 34055

City & State

3. Mailing Address

Embassy Bridgetown

Suite, Apt. #, etc.

CMR 1014

City & State

FPO AA

Zip

34055

Country

US

Zip

34055

Country

USA

4. FEI Number **59-2420382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FORD, CAMPBELL ESQ.
 OSBORNE MCNATT SHAW
 223 WATER STREET #1400
 JACKSONVILLE FL 32202**

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

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	BRUNO, MARILYN J	
STREET ADDRESS	1325 13TH STREET NW #49	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	BRUNO, MARILYN J, President	<input type="checkbox"/> Delete
NAME	EMBASSY BRIDGETOWN	
STREET ADDRESS	FPO AA 34055	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

Marilyn J. Bruno, President

2-15-01

246-436 4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)