2001 UNIFORM BUSINESS REPORT (UBR)

H11819

DOCUMENT #

SIGNATURE:

1. Entity Nam BRUGIER		/ALLIN FLORIDA, IN	NC.			√	,		retar ₎ 10-2001 9004				
Principal Plac NAPOLEON B 101 S.JEFFER PENSACOLA US	AKERY & PA RSON ST.	STRY	Mailing Address NAPOLEON BAKERY & PASTRY 101 S.JEFFERSON ST. PENSACOLA FL 32501-5645 US										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				D	NI ƏTIRW TON C	THIS SP	ACE			
City & State			City & State			2/-1405300					oplied For ot Applicable]	
Zip ,	Zip , Country		Zip	try		5. Certificate of Status Desired See Required					litional		
* * * * * * * * * * * * * * * * * * *	6. Name	and Address of Current F	egistered Agent				7. Name and Address of New Registered Agent						
KAUFKE, PIERRE 9135 WOODRUN CIRCLE					Street Address (P.O. Box Number is Not Acceptable)								
PENSACOLA FL 32514													
				City	ity FL Zip Code						е	1	
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office o	r register	ed agent	t, or both, in the	State of Florida				
SIGNATURE .													ļ
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	d Agent signat	ture required	when reinst	ating)		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. Make Check Payable to Department of Sta				00		ampaign Financi Contribution.	ng 🗆		0 May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	12.			ADDI'	TIONS/CHANG	SES TO OFFICER	RS AND D	IRECTOR:	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALLIN, F 101 S. JE PENSACO	ROGER EFFERSON ST	□ Delete			Pie		Kaufk effers		5	Change	Addition	E024 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUGIER 101 S. JE PENSACO	FFERSON ST.	Delete			ST WOL	fga s. Je	.tfersa	-2 manu	•	_ Change	Addition	è
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAUFKE, 9135 WO PENSACO	odrun circle	□ Delete			20g	er v s. je	lallin efferso pla F	- 14 - 1325] Change	☐ Addition)
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	D FERNAND 300 BAYO PENSACO	OU BLVD., APT. 205	□ Delete						•	E	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•							☐ Change	☐ Addition	
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete				`			E	☐ Change	☐ Addition	
13. I hereby of indicated of the correctanged,	certify that the on this report poration or the or on an atta	e information supplied with the or supplemental report is the receiver or trustee empore achment with an address, we	his filing does not qualify for true and accurate and that m wered to execute this report ith all other the empowered.	the exer ny signat as requir	nption stat ure shall h red by Cha	ted in Sec ave the s apter 607	ction 119 same leg , Florida	9.07(3)(i), Florid al effect as if m Statutes; and the	a Statutes. I furth ade under oath; hat my name app	her certify that I am pears in B	that the ir an officer llock 11 or	nformation or director Block 12 if) }