

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-07-2003 90143 003 ***150.00
H45981

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AT

DOCUMENT # **H45981**

1. Entity Name

BEVERLY M. BRUNELLE, C.P.A. PROFESSIONAL ASSOCIATION



03 JUL -9 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8277 163 PLACE
LIVE OAK FL 32060**

Mailing Address
**8277 163 PLACE
LIVE OAK FL 32060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2502806**

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

**BRUNELLE, BEVERLY M.
8277 163 PLACE
LIVE OAK FL 32060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
BRUNELLE, BEVERLY M
8277 163 PLACE
LIVE OAK FL 32060** ☐ Delete

TITLE
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BRUNELLE, BEVERLY M
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LIVE OAK FL 32060** ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

*I have been removing info
in the past 3 months & did not
delete my check. I did not clear.
I sent a check for 150.00 on
3/6/03 copy of which is
enclosed. Please advise
if you will accept my
replacement check.
Thank you
BR 7/9*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/03 (386)3625348
Date Daytime Phone #

42E034 (4/03)