

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90027 016 ***158.75

DOCUMENT # H60076	
1. Entity Name BRUCE MC GONIGAL, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3940 Moores Station Rd. Suite, Apt. #, etc.	3. Mailing Address 1580 Cochran Rd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Sanford, Fl. 32773	City & State Geneva, Fl. 32732	4. FEI Number 59-2771752	Applied For ☐ No: Applicable
Zip 32773	Country Seminole	Zip 32732	Country Seminole
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name -WORMAN, ROBERT B.-	
Street Address (P.O. Box Number is Not Acceptable)	
105 E. ROBINSON ST.	
City ORLANDO	FL Zip Code 32801

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.

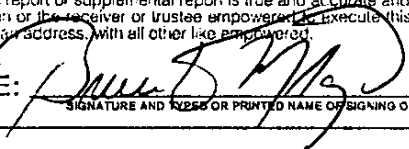
SIGNATURE _____ (Signature, typed or printed name of registered agent and Blue Book address) (NOTE: Registered Agent signature required when revising agent) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	PTS MCGONIGAL, BRUCE D. 1580 COCHRAN ROAD GENEVA FL. 3232732	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCGONIGAL, BRUCE C. 121 N. VIRGINIA AVE SANFORD, FL. 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address with all other like employment.

SIGNATURE:  **President** **4/27/05** **407-330-9797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)