

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90159 048 ****55.00

DOCUMENT # L00000010732

1. Entity Name

BRUNNER, STEPHENS & ASSOC., LLC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**105A CORAL WAY EAST
 INDIALANTIC FL 32903**

Mailing Address

**105A CORAL WAY EAST
 INDIALANTIC FL 32903**

2. Principal Place of Business

987 Pinetree Dr.

3. Mailing Address

PO Box 33068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Beach

City & State

Indialantic

Zip

32937

Country

Brevard

Zip

32903

Country

Brevard

4. FEI Number

59-3673220

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BRUNNER, JON E

**105A CORAL WAY EAST
 INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

Brunner, Jon E.

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

137 Lee Street

City

Indialantic

FL

Zip Code

32903

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]

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to: Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUNNER, JON E 105A CORAL WAY EAST INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, CHARLES R JR. 208 BRENT STREET WADESBORO NC 28170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brunner, Jon E. 137 Lee St. Indialantic, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Stephens, Charles R. Jr. 208 Brent Street Wadesboro, NC 28170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gabriel L. Denes 2085 Seawind Ct. Indialantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

4/12/02 (321) 536-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)