

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90036 008 ****50.00

DOCUMENT # L00000010732

1. Entity Name

BRUNNER, STEPHENS & ASSOC., LLC



Principal Place of Business

**987 PINETREE DR
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**P.O. BOX 33068
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**BRUNNER, JON E
137 LEE STREET
INDIALANTIC FL 32903**

Name **JON E. BRUNNER**
Street Address (P.O. Box Number is Not Acceptable)
525 Seabreeze Dr
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. 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

4/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BRUNNER, JON E**
STREET ADDRESS **137 LEE STREET**
CITY-ST-ZIP **INDIALANTIC FL 32903**

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

TITLE **MGR** ☐ Delete
NAME **STEPHENS, CHARLES R JR.**
STREET ADDRESS **208 BRENT STREET**
CITY-ST-ZIP **WADESBORO NC 28170**

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

TITLE **MGRM** ☒ Delete
NAME **DENES, GABRIEL L**
STREET ADDRESS **2085 SEAWIND CT**
CITY-ST-ZIP **INDIALANTIC FL 32903**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/13/03 (321) 536-2757

Date

Daytime Phone #

CR2E083 (10/02)