

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90126 049 \*\*\*150.00

**DOCUMENT # L89834**

1. Entity Name  
**BRUENING ENTERPRISES, INC.**



Principal Place of Business  
**1610 N MAIN STREET  
KISSIMMEE FL 34744  
US**

Mailing Address  
**1101 VERMONT AVE  
SAINT CLOUD FL 34769  
US**



2. Principal Place of Business

**857 E. Irlo Bronson Hwy**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**St Cloud FL**

City & State

4. FEI Number

**65-0203223**

Applied For

Not Applicable

Zip

**34769**

Country

**Oswego**

Zip

Country

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

**BRUENING, HENRY C, JR**

~~1610 N MAIN ST~~

~~KISSIMMEE FL 34744~~

**1101 Vermont Ave**

**St Cloud FL 34769**

Name

**Bruening, Henry C, Jr**

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

**1101 Vermont Ave**

City

**St Cloud**

**FL**

Zip Code

**34769**

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

*Henry C Bruening Jr*

**Henry C Bruening Jr**

**2/20/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PVSD**  
STREET ADDRESS **BRUENING, HENRY C. JR.**  
CITY-ST-ZIP **1610 N MAIN ST 1101 Vermont Ave**  
**KISSIMMEE FL 34744 St Cloud FL 34769**

TITLE ☒ Change ☐ Addition  
NAME **PVSD**  
STREET ADDRESS **Bruening, Henry C Jr**  
CITY-ST-ZIP **1101 Vermont Ave**  
**St Cloud FL 34769**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Henry C Bruening Jr* **Henry C Bruening Jr** **2/20/03** **(407) 908-5457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)