

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # L98000002530

1. Entity Name  
BRUT GRAPHIC SERVICES, LLC

00 APR 18 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
503 PARKER ST  
JACKSONVILLE FL 32202

Mailing Address  
503 PARKER ST  
JACKSONVILLE FL 32202-1135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mwm

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3539669

Applied For  
Not Applicable

Zip Country Zip Country

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

BRUT, ADAM H JR  
3254 JULINGTON CREEK RD  
JACKSONVILLE FL 32202

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
NAME TRUST, WHITFORD  
STREET ADDRESS 3254 JULINGTON CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ Addition  
NAME 300003239013--7  
STREET ADDRESS -05/04/00--01013--016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME BRUT, ADAM H JR  
STREET ADDRESS 3254 JULINGTON CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 of Adam H. Brut*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/7/00

9043545055

Date

Daytime Phone #