2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90495 032 ***150.00

DOCUMENT # M00117

1. Entity Name
BRUNO & BRUNO, INC.

Principal Place of Business	Mailing Address
4255 US#1 MELBOURNE FL 32936	4255 US#1 MELBOURNE FL 32936

DO NOT WRITE IN THIS SPACE

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 59-2441880 ☐ Applied For ☐ Not Applicable

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
JAMES ~~BRUNO~~, ROSALIE 4255 US #1 MELBOURNE FL 32936	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 Rosalie Bruno James
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES ~~BRUNO~~, ROSALIE 4255 US #1 MELBOURNE FL 32936 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalie Bruno James 5/20/01 321-242-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Doc. # M00117
771600

5/30/01

Dept. of State

My husband David was ill and subsequently died in Georgia 5/23/01. I was unable to take care of the attached until I returned home.

Please accept the $150. as of right now I cannot pay the penalty for late filing.

Thank you.

Coralie Jones

Attachment

Doc. # M00117
771600

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number | Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEDENT

1a. DECEDENT'S NAME (First, Middle, Last): David Richard James, Jr.
1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME:
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Year): May 3, 2001
4. RACE (White, Black, Amer. Indian, etc.) (Specify): white
5. ORIGIN OF DECEDENT (Cuban, Mex., French, English, etc.): American
6. DATE OF BIRTH (Mo., Day, Year): Feb.25,1936
7a. AGE-Last Birthday (Years): 65
7b. UNDER 1 YEAR: Mos.
7c. UNDER 1 DAY: Days / Hours / Mins.
8. COUNTY OF DEATH: Tift
8a. CITY, TOWN or LOCATION OF DEATH: Tifton
8b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): Tift Regional Medical Center
8c. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Room, Inpatient) (Specify): inpatient
9. STATE AND COUNTRY OF BIRTH (If not in USA, name Country): Pa. Philadelphia U.S.A.
10. CITIZEN OF WHAT COUNTRY?
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
12. SPOUSE (If married or widowed, give maiden name): Rosalie Kaye Hazzard
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): no
14. SOCIAL SECURITY NUMBER: 185-28-8128
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner-gas company
16. KIND OF INDUSTRY OR BUSINESS: gas
16a. RESIDENCE - STATE: Fl.
16b. COUNTY: Brevard
16c. CITY, TOWN or LOCATION: Melbourne
16d. STREET AND NUMBER: 4255 US Hwy 1 32935
16e. INSIDE CITY LIMITS? (Yes or No): no

Usual Residence (Where Deceased Lived. If Death Occurred in Institution, See Handbook Regarding Completion of Residence Items.)

PARENTS

17. FATHER'S NAME First Middle Last: David James, Sr.
18. MOTHER'S MAIDEN NAME First Middle Last: Romaine Tietze

INFORMANT

19a. INFORMANT'S NAME First Middle Last: Rosalie H. James
19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): 4255 U. S. Hwy 1, Melbourne, Fla. 32935
19c. RELATIONSHIP: wife

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): Burial
20b. DISPOSITION DATE (Mo., Day, Year): May 7,2001
20c. CEMETERY OR CREMATORY NAME: Florida Memorial Cemetery
20d. LOCATION (City or Town, State, Zip, County): Melbourne, Fl. Brevard 32901
21a. FUNERAL DIRECTOR (Signature): W. Brent Donaldson
21b. PUR. DIR. LICENSE NO.: 2330
21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): Bowen-Donaldson Home for Funerals P. O. Box 45 Tifton, Ga. 31793
21d. EST. LICENSE NO.: 16
21e. EMBALMER (Signature):
21f. EMBALMER LICENSE NO.: 3055

CAUSE OF DEATH

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

PART I

22. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)
a. Liver Failure — Approximate interval between onset and death: 2 wks
Due to, or as a consequence of:
b. Cirrhosis (multi-factorial) — Approximate interval between onset and death: 3yrs
Due to, or as a consequence of:
c1 Angiosarcoma (metastatic) c2 EtOH Use (reformed 99) — Approximate interval between onset and death: c1-1yr c2- 40yrs

PART II

23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.): DML, ASCAD
24. AUTOPSY (Yes or No): No
25. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)
26. WAS OPERATION PERFORMED? (Yes or No): NO
27. DATE OF OPERATION (Mo., Day, Year)
28. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)
29. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)
30. DATE OF INJURY (Mo., Day, Year)
31. DESCRIBE HOW INJURY OCCURRED
32. HOUR OF INJURY
33. INJURY AT WORK? (Yes or No)
34. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)
35. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)

In Infant Death, Indicate Birth Certificate No. or Stillbirth.

PHYSICIAN

To Be Completed By CERTIFYING PHYSICIAN ONLY

36a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Lt a. Sill.
36b. DATE SIGNED (Mo., Day, Year): 5/9/01
36c. HOUR OF DEATH: 4 P M
36d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: BRENT A. SAVELL

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

36a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
36b. DATE SIGNED (Mo., Day, Year):
36c. HOUR OF DEATH: M
36d. DATE PRONOUNCED DEAD (Mo., Day, Year): ON
36e. HOUR PRONOUNCED DEAD: AT

TYPE OR PRINT

37. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): BRENT A. SAVELL MD
PHYS. LIC. NO.: 044086
38. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 807 E. 18th St., Tifton, ga.31794

REGISTRAR

39. REGISTRAR (Signature): Zoe H. Cottle, Deputy
40. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): May 10, 2001

Form 3903 (Rev. 9-91) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

DECEASED UNATTENDED BY A PHYSICIAN OR WAS ANY SUSPICIOUS OR UNUSUAL MANNER DEATH? ☐ YES ☐ NO
IF "YES" TO EITHER 1, 2, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

"CERTIFICATE OF RECORD"
THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN TIFT COUNTY, GEORGIA

Judy H. Driggers
LOCAL CUSTODIAN

BY: Zoe H. Cottle
OFFICE OF LOCAL CUSTODIAN

DATE: May 10, 2001

COUNTY OF Tift

SEAL