

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M77661**

1. Entity Name

BRUGGER'S ESTATE APPRAISAL & LIQUIDATION SERVICE
S, INC.

Principal Place of Business

P.O. BOX 9331
NAPLES FL 34101-9331

Mailing Address

P.O. BOX 9331
NAPLES FL 34101-9331

2. Principal Place of Business

ESTATE SALES DONE

Suite, Apt. #, etc.

3. Mailing Address

ON Home sites, AND Rented bldg. Space

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FLA.

Zip

Zip

Country

USA

Country

6. Name and Address of Current Registered Agent

**BURGGER, JOHN N
600 FIFTH AVE. S., SUITE 210
NAPLES FL 33940**

4. FEI Number

59-2891965

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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

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, 2002 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	PST BRUGGER, SANDRA S 1377 LAKESHORE DR NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SANDRA S. BRUGGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 02 **239-643-3595**
Date Daytime Phone #

CR2E034 (9/01)