2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000056536

1. Entity Name BRUSPORTS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State
01-10-2003 90205 049 ***150.00

Principal Place of Business 27524 RIVERBANK DR
DONITA SPRINGS EL 34134

Principal Place of Business 27524 RIVERBANK DR BONITA SPRINGS FL 34134	Mailing Address 27524 RIVERBANK DR BONITA SPRINGS FL 34134					
2. Principal Place of Business. 6600 Copper LAKE DR. Suite, Apt. #, etc.	AKE DR. Suite, Apt. #, etc.			THE PART OF THE SERVE SE		
BONITA SORINGS FLA	BONTA Spring		4.	FEI Number 31-1165615		Applied For Not Applicable
34135 Occuping	34135 P	Country USA		Certificate of Status Desired	Fee Requ	Additional uired
6. Name and Address of Current BRUCE, EARLE D 27524 RIVERBANK DR BONITA SPRINGS FL 34134	Registered Agent	Street Add	ARLE dress (P.O.B	Name and Address of New Re BRUCE OX Number is Not Acceptable) SPER Springs	DR FL 34	pgeg-
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	Bruce		egistered ag	ent, or both n the State of Flori	01-08- DATE	
Make Check Payable to Florida Department of 10. OFFICERS AND		11.	۸۲	DDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE BRUCE, EARLE D 27524 RIVERBANK DR BONITA SPRINGS FL 34134	Delete Delete	TITLE	P. EARL	•	⊠ Chan KE DR.	ge Addition
TITLE VP NAME BRUCE, JEAN A STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134	☐ Delete	NAME STREET ADDRESS	V P. JEAN., 10600	A.BRUCE. COPPER LAYE 1 SPRINGS FL.	DR.	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S S S S S S S S S S S S S S S S S S	☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP		. 0)	☐ Chan	ge Addition
TITLE DIR. NAME BELL, AIMEE S STREET ADDRESS 3327 HIGHLAND FORGE TRAIL DACULA GA 30019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition
TITLE DIR. NAME SMITH, LYNN A STREET ADDRESS 6406 NEWGRANGE DRIVE DUBLIN OH 43016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T BRUCE, NOEL S 17315 MADISON AVE. APT. 10 LAKEWOOD OH 44107	☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	al in Openia :	110 07/2V/) Florida Cantara - 1	☐ Chan	

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: EARLE DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR