

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114399

1. Entity Name

LUIS BRUCE & ASSOCIATES, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90044 012 \*\*\*150.00

Principal Place of Business

Mailing Address

16840 113TH TRAIL N.  
JUPITER FL 33478

16840 113TH TRAIL N.  
JUPITER FL 33478

2. Principal Place of Business

16840 113 Trl No

Suite, Apt. #, etc.

3. Mailing Address

SAME AS 2.

Suite, Apt. #, etc.

City & State  
Jupiter FL

City & State

4. FEI Number

65-1067208

Applied For

Not Applicable

Zip  
33478

Country  
Palm Bch.

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

TAYLOR, BARRY W ESQ  
900 E. INDIANTOWN RD., #300  
JUPITER FL 33477

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, 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODDS, BRUCE R 16840 113TH TRAIL N. JUPITER FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Dodds President

04/21/01

561-262-2592

Date

Daytime Phone #

CR2E034 (10/00)