2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0100000134 GMH & BRUNO ENTERPRISES, INC. 04-30-2001 90031 005 ***150.00 Principal Place of Business Mailing Address 2566 WISTERIA STREET 2566 WISTERIA STREET JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 74 2986965 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARDWICK, GLADYS M Street Address (P.O. Box Number is Not Acceptable) 2566 WISTERIA STREET JACKSONVILLE FL 32209 Zip Code City 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. (NOTE: Reg ered Agent signature required when reinstating) FILE NOW!!! F E IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 F e will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete Change TLE TITLE AME NAME HARDWICK, GLADYS M TREET ADDRESS STREET ADDRESS 2566 WISTERIA STREET ITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Change ☐ Addition TLE ☐ Delete MF NAME HARDWICK, ISABELLE M REET ADDRESS STREET ADDRESS 2566 WISTERIA STREET TY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Change ☐ Addition TLE ☐ Delete TITLE ΔMF NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the ver or trustee empowered to execute this report as re

like empowered.

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changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF