

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000001501

FILED
Apr 01, 2002 8:00 AM
Secretary of State

Entity Name: BRUCE B. GINSBERG, INC.

Current Principal Place of Business:

8818 WILD DUNES DR.
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

8818 WILD DUNES DR.
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 91-2095068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINSBERG, BRUCE B
8818 WILD DUNES DR.
SARASOTA, FL 34241

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GINSBERG, BRUCE B
Address: 8818 WILD DUNES DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: ST () Delete
Name: SOMMERS, ANN
Address: 8818 WILD DUNES DRIVE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN SOMMERS

ST

04/01/2002

Electronic Signature of Signing Officer or Director

Date