07/14/2002 14:35 3 PTMGJADGDP

5/28

FILED
Jun 27, 2002 8:00 am
Secretary of State
05-28-2002 91739 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000081821

1. Entity Name
BRUNI JAEGER, INC.

DO NOT WRITE IN THIS SPACE

95155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16 EMERALD BAY DR Suite, Apt. #, etc.	16 EMERALD BAY DR Suite, Apt. #, etc.
City & State: OLDSMAR, FL 34677	City & State: OLDSMAR, FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number: 59-3690038 ☐ 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 Current Registered Agent

Name: BRUNI JAEGER

Street Address (P.O. Box Number is Not Acceptable)

16 EMERALD BAY DR

City: OLDSMAR FL Zip Code: 34677

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 Must Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNI JAEGER 16 EMERALD BAY DR OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruni Jaeger 5/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF Individual OFFICER OR DIRECTOR — Date — Daytime Phone #

COR2043 (11/01)