

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90126 030 ***150.00

DOCUMENT # P01000024812

1. Entity Name
BRONKHORST, INC.

Principal Place of Business
**1003 EAST MAIN STREET
LAKELAND FL 33801**

Mailing Address
**1003 EAST MAIN STREET
LAKELAND FL 33801**

17153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3702261

Applied For

Not Applicable

Zip

Country

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

**FULLER, JODE
802 DRUID RD SOUTH
CLEARWATER FL 33756**

Name

JAMES BRONKHORST

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

1003 E. MAIN ST.

City

LAKELAND

FL

Zip Code

33801

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

JAMES BRONKHORST, President

1/10/02

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, 2002 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

TITLE **President, Vice President, Treas.** ☐ Delete
NAME **JAMES BRONKHORST**
STREET ADDRESS **8362 Golden Prairie Dr.**
CITY-STATE-ZIP **TAMPA FL. 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **Secretary** ☐ Delete
NAME **Juli Bronkhurst**
STREET ADDRESS **8362 Golden Prairie Dr.**
CITY-STATE-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES BRONKHORST, President

Date

Daytime Phone #

863-682-7974

CR2E034 (9/01)