## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am § P01000110373 **DOCUMENT # Secretary of State** 1. Entity Name 03-13-2002 90132 043 \*\*\*150.00 BRUMAL, INC. Mailing Address Principal Place of Business 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET 464000 CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles Sloan -SPIEGEL & UTRERA. P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 1318 Lafayette St. 4TH FLOOR MIAMI-FL 33145 City Cape Coral, 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. Charles J. Ston. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE TITLE ☐ Delete NAME SCOPES, MALCOLM J NAME **1318 LAFAYETTE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE Change X Addition ☐ Delete VΡ TITLE NAME NAME Bruce Nagle STREET ADDRESS STREET ADDRESS 1318 Lafayette St Cape Coral, FL 33904 CITY-ST-ZIP CITY-ST-ZIP ★ Addition ☐ Delete TITLE S □ Change TITLE Thomas W. Hill 1318 Lafayette St. Cape Coral, Fl 33904 7. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIF Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Charles J-Stone