

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90114 010 \*\*\*150.00

0012092 AT

**DOCUMENT # P02000129892**

1. Entity Name  
**B.A. BRUCE, INC.**



Principal Place of Business  
**1742 NANTUCKER COURT  
PALM HARBOR FL 34683**

Mailing Address  
**1742 NANTUCKER COURT  
PALM HARBOR FL 34683**

*Nantucket*

*Nantucket*

2. Principal Place of Business

*1742 Nantucket Ct.*

3. Mailing Address

*1742 Nantucket Ct.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

*Palm Harbor, FL*

City & State

*Palm Harbor, FL*

4. FEI Number

*54-2089191*

Applied For

Not Applicable

Zip

*34683*

Country

*USA*

Zip

*34683*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PLOURDE, BRUCE A  
1742 NANTUCKER COURT  
PALM HARBOR FL 34683**

*Nantucket*

7. Name and Address of New Registered Agent

Name *Plourde, Bruce A.*

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

City

**FL**

Zip Code

*34683*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PLOURDE, BRUCE A**  
STREET ADDRESS **1742 NANTUCKER COURT**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bruce A. Plourde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-03*  
Date

Date

Daytime Phone #

CR2E034 (10/02)

*727-365-0638*