

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

0091204 AV

DOCUMENT # P18676

1. Entity Name
ATRUKEY, INC.

08-21-2001 90006 034 ***550.00

Principal Place of Business
%BRUCE STRUMPF, INC.
314 S. MISSOURI AVE., STE. 305
CLEARWATER FL 33756
US

Mailing Address
%BRUCE STRUMPF, INC.
314 S. MISSOURI AVE., STE. 305
CLEARWATER FL 33756
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2125 First Street
 Suite, Apt. #, etc.
Suite 101
 City & State
Fort Myers, FL

3. Mailing Address
2125 First Street
 Suite, Apt. #, etc.
Suite 101
 City & State
Fort Myers, FL

4. FEI Number **52-1224704** Applied For
 Not Applicable

Zip
33901

Country
Lee

Zip
33901

Country
Lee

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STRUMPF, BRUCE
314 SOUTH MISSOURI AVE. SUITE #305
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
William A. Keyes, Jr.,
 Street Address (P.O. Box Number is Not Acceptable)
2125 First Street, Suite 101
 City
Fort Myers **FL** Zip Code
33901

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 *[Signature]*

8/16/01

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STRUMPF, BRUCE 314 SO MISSOURI AVE, STE 305 CLEARWATER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GWEN, SZETO D MILLS TOWER #1100, 220 BUSH STR SAN FRANCISCO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANN, ROBERT H. MILLS TOWER #1100, 220 BUSH STR SAN FRANCISCO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/01 445-398-4251
 Date Daytime Phone #

CR2E034 (5/01)