

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0485162 AV

**DOCUMENT # P94000010523**

**1. Entity Name**  
**BRUNSWICK ENTERPRISES OF SOUTHWEST FLORIDA, INC.**

04-01-2002 90172 026 \*\*\*150.00

**Principal Place of Business**  
**6261 METRO PLANTATION**  
**FT MYERS FL 33912**  
**US**

**Mailing Address**  
**6261 METRO PLANTATION RD**  
**FORT MYERS FL 33912**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

**J & M AIR CONDITIONING**  
**7091 Pinnacle Dr., Suite E**  
**Ft. Myers, FL 33907**

**J & M AIR CONDITIONING**  
**7091 Pinnacle Dr., Suite E**  
**Ft. Myers, FL 33907**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0465137**

**Applied For**  
**Not Applicable**

**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**

**BRUNSWICK, ROGER M**  
**6261 METRO PLANTATION RD**  
**FORT MYERS FL 33912**

**Name**  
**Street Address (If Not Both, Must Be Acceptable)**  
**Roger M. Brunswick**  
**7091 Pinnacle Dr., Suite E**  
**Ft. Myers, FL 33907**  
**City** **FL** **Zip Code**

**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 reinstating)

**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**

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          | <b>D</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>BRUNSWICK, ROGER M</b>                |
| <b>STREET ADDRESS</b> | <b>3774 CRACKER WAY</b>                  |
| <b>CITY-ST-ZIP</b>    | <b>BONITA SPRINGS FL 34134</b>           |
| <b>TITLE</b>          | <b>D</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>BRUNSWICK, ANITA F</b>                |
| <b>STREET ADDRESS</b> | <b>3774 CRACKER WAY</b>                  |
| <b>CITY-ST-ZIP</b>    | <b>BONITA SPRINGS FL 34134</b>           |
| <b>TITLE</b>          | <input type="checkbox"/> Delete          |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |
| <b>TITLE</b>          | <input type="checkbox"/> Delete          |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |
| <b>TITLE</b>          | <input type="checkbox"/> Delete          |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

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

**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 REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CP2E034 (9/01)