

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017712

1. Entity Name

BRUDNY AND RABIN, P.A.

Principal Place of Business

28100 U.S. HIGHWAY 19 N. SUITE 300
CLEARWATER FL 33761
US

Mailing Address

28100 U.S. HIGHWAY 19 N. SUITE 300
CLEARWATER FL 33761
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

-Country

Zip

Country

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90016 045 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3230760**

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

BRUDNY, MICHAEL J

~~4830 W KENNEDY BLVD STE 985~~

~~TAMPA FL 33609~~

*28100 US 19 North
Suite 300
Clearwater FL
33761*

Name

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

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

Signature, typed or printed name of registered agent and title 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 \$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

TITLE **PD** ☐ Delete

NAME **BRUDNY, MICHAEL J**
STREET ADDRESS **4830 W KENNEDY BLVD STE 985**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VP** ☐ Delete

NAME **RABIN, BENNETT L**
STREET ADDRESS **4830 W KENNEDY**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **28100 US 19 North, Suite 300**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **28100 US 19 North, Suite 300**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-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:

Michael Brudny, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0456356 AV

CR2E034 (9/01)