## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P94000045650 **DOCUMENT #**

1. Entity Name

G.W. BRUNER BUILDERS, INC.



## Apr 18, 2003 8:00 am 5 Secretary of State 204-18-2003 90120 014 ### **FILED**

04-18-2003 90130 014 \*\*\*150.00

				'		7					
Principal Place of Business 8900 SW 171ST STREET MIAMI FL 33157		8900	Mailing Address 8900 SW 171ST STREET MIAMI FL 33157								
2. Principal Place of Business			3. Mailing Address				î (Mariana) îto (Miți) Dioli: (Olie Daril d	OHU BRUL OU	IBL BLITE BYTEL I	11111 1411 1411	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 65-0501994			pplied For ot Applicable	
Zip	Zip Country		Count		y	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			ed Agent	_ <del></del>			7. Name and Address of New Registered Agent				
					Name						
Bruner, Gordon W 8900 SW 171ST Street			Street /			ss (P.O. Box Number is Not Acceptable)					
MIAMI FL-33157~				·· • • • · •		The second secon			-7.4		
					City		·	FL	Zip Code	e	
	named entity submits this statement for	r the purp	oose of changing its re	gistered	office or regis	stered aç	gent, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
SIGNATURE .	¥.										
SIGNATORE .	Signature, typed or printed name of registered agent	and title if app	oficable. (NOTE: F	Registered A	gent signature requ	uired 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 Stat			,			Election Campaign Finan     Trust Fund Contribution.	cing	<b>\$5.0</b> Added	<b>0</b> May Be I to Fees		
10.				11.		ΑI		RS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruner, Gordon W 8900 SW 171ST STREET MIAMI FL 33157				ADDRESS T-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET. CITY-ST	ADDRESS 1- ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete	TITLE NAME STREET	ADDRESS	ب خاند د.		مين به پ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS I- ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS r-zip				☐ Change	Addition	
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS [-ZIP				Change	Addition	

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. W. BRUNER GORDON