2000 UNIFORM BUSINESS REPORT (UBR)

TAMPA FL 33612-3786

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Detete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

City

DOCUMENT # **P94000060516** BRUNER'S INSURANCE OF NORTH TAMPA, INC. Principal Place of Business 1515 E. FLETCHER AVE STE! A'

TAMPA FL 33612

2. Principal Place of Business

Country

WILLIAMS, LORRAINE H

9. This corporation is eligible to satisfy its Intangible

WILLIAMS, LORRAINE H

Tax filing requirement and elects to do so.

113 OAK LANE

TAMPA FL 33610

113 OAK LANE TAMPA FL 33610

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

TITLE NAME

NAME

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

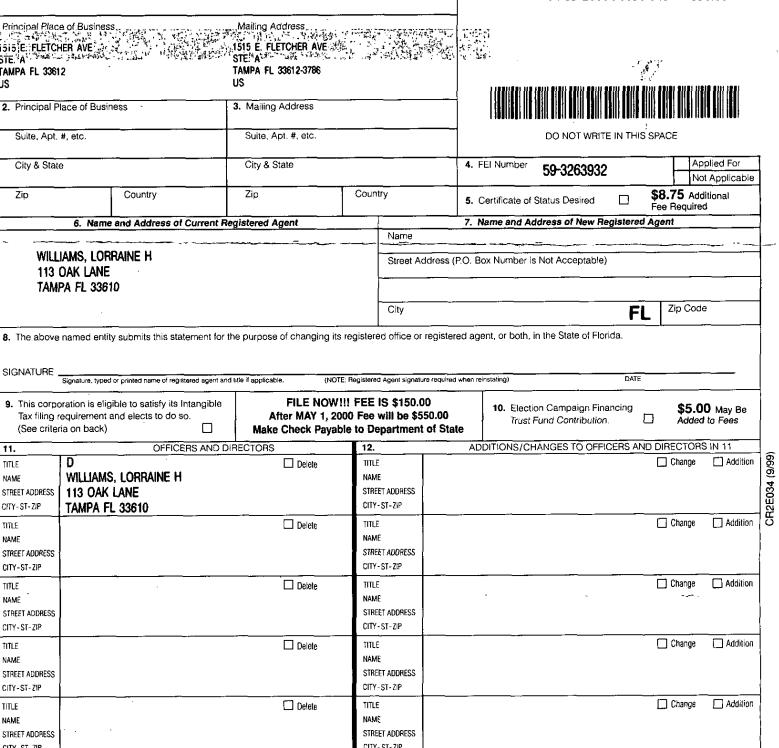
CITY-ST-ZIP

CITY-ST-ZIP

ЦS

Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90056 048 ***150.00



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.

CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00 813-971-499

Change

Addition