

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90324 044 \*\*\*150.00

MASTEC AV

**DOCUMENT # P96000023188**

1. Entity Name  
**BRONCO ENTERPRISES, INC.**

Principal Place of Business

**5390 DUHME ROAD  
 ST. PETERSBURG FL 33708  
 US**

Mailing Address

**5390 DUHME ROAD  
 ST. PETERSBURG FL 33708  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**HUNT, CLIFFORD J  
 4TH FLOOR, NORTH TOWER  
 100 2ND AVENUE SOUTH  
 ST PETERSBURG FL 33701**

3. Mailing Address

**11277 54<sup>th</sup> AVE N**

Suite, Apt. #, etc.

City & State  
**SAINT PETERSBURG FL**

Zip Country  
**33708 US**

4. FEI Number **59-3366295**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRY, GARY</b>	
STREET ADDRESS	<b>3999 FOX MILL DR</b>	
CITY-ST-ZIP	<b>BOOTHWYN PA 19061</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FRY, THOMAS SR</b>	
STREET ADDRESS	<b>11277 54TH AVE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG GL 33708</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FRY, TERESA</b>	
STREET ADDRESS	<b>11277 54TH AVE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (9/01)