

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90323 047 ***150.00

DOCUMENT # P97000070565

1. Entity Name

CAROLE ANN BRUENING, P.A.

Principal Place of Business

16500 GULF BLVD
 451
 N REDINGTON BEACH FL 33708

Mailing Address

16500 GULF BLVD
 451
 N REDINGTON BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3462971

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

BRUENING, CAROLE ANN
17705 ESPRIT DRIVE
TAMPA FL 33647

Name

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

16500 Gulf Blvd #451
 City *N. Redington Beach* FL Zip Code *33708*

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, 2001 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

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUENING, CAROLE ANN 17705 ESPRIT DRIVE TAMPA FL 33647 <i>16500 Gulf Blvd #451 N. Redington Beach FL 33708</i> | <input type="checkbox"/> Delete |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole Ann Bruening
 4/23/01

727-
 420-1200
 Date Daytime Phone #

CR2E034 (10/00)