

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90325 004 ***150.00

DOCUMENT # P97000086596

1. Entity Name

THE LAW OFFICES OF MICHAEL D. BRUCKMAN, P.A.

Principal Place of Business

3601 S.W. SECOND AVENUE
UNIT U
GAINESVILLE FL 32607

Mailing Address

3601 S.W. SECOND AVENUE
UNIT U
GAINESVILLE FL 32607-2802

2. Principal Place of Business

3221 N.W. 13th St.
Suite B

3. Mailing Address

3221 N.W. 13th St.
Suite B

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32609

Country

Zip

32609

Country

4. FEI Number

59-3470812

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

BRUCKMAN, MICHAEL
3601 SW 2ND AVE
STE U
GAINESVILLE FL 32607

Name

Bruckman, Michael
Street Address (P.O. Box Number is Not Acceptable)
3221 N.W. 13th St.
Suite B
City Gainesville FL Zip Code 32609

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRUCKMAN, MICHAEL	
STREET ADDRESS	3601 SW 2ND AVE STE U	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bruckman, Pres. 352-372-5222
1/12/00

Date

Daytime Phone #

CR2E034 (9/99)