

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90043 032 ***150.00

MAF027 AV

DOCUMENT # P98000098537

1. Entity Name
BRUNSON ESQUIRE, INC.

Principal Place of Business

**11255 3RD ST EAST
TREASURE ISLAND FL 33706**

Mailing Address

**11255 3RD ST EAST
TREASURE ISLAND FL 33706**

2. Principal Place of Business

**Island in the Sun
Suite, Apt. #, etc.
1001 Starkey Rd # 630**

**City & State
LARGO, FLA.**

**Zip
33771**

**Country
Pinellas**

3. Mailing Address

**Island in the Sun
Suite, Apt. #, etc.
1001 Starkey Rd. #630**

**City & State
LARGO FLA.**

**Zip
33771**

**Country
Pinellas**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0880868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRUNSON, THEODORE R

~~11255 3RD ST EAST~~

TREASURE ISLAND FL 33706

**Island in the Sun
1001 Starkey Rd
#630
LARGO, FLA. 33771**

7. Name and Address of New Registered Agent

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 of registered agent 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	D	<input type="checkbox"/> Delete
NAME	BRUNSON, THEODORE R	
STREET ADDRESS	11255 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/2002 (1227)
531-9886**

CR2E034 (9/01)