

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90027 005 ***150.00

DOCUMENT # S02382

1. Entity Name

JOHN L. BRUCE CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

POB 1602
 NAPLES FL 34106
 US

**1680 AVION PL
 NAPLES FL 34104**

POB 1602
 NAPLES FL 34106-1602
 US

2. Principal Place of Business

3. Mailing Address

1680 AVION PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FLORIDA

City & State

4. FEI Number

65-0216259

Applied For

Not Applicable

Zip
34104

Country
USA

Zip

Country

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

**BRUCE, JOHN L
 5272 MYRTLE LANE
 NAPLES FL 34112**

**1680 AVION PL
 NAPLES, FL 34104**

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, 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** Delete
 NAME **BRUCE, JOHN L.**
 STREET ADDRESS **5272 MYRTLE LANE 1680 AVION**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **KATHI L BRUCE**
 STREET ADDRESS **1680 AVION**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

JOHN L. BRUCE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5-2000
 Date

941-732-5844
 Daytime Phone #

CF 2E034 (9/99)