

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90498 029 \*\*\*150.00

**DOCUMENT # S02382**

1. Entity Name  
**JOHN L. BRUCE CONSTRUCTION COMPANY, INC.**

Principal Place of Business  
**1680 AVION PL.**  
**NAPLES FL 34104**  
**US**

Mailing Address  
**1680 AVION PL.**  
**NAPLES FL 34104**  
**US**

00023772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0216259**

Applied For

Not Applicable

Zip

Country

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**  
**16808 AVION PL.**  
**NAPLES FL 34104**

Name

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

**1680 Avion place**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$500.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	BRUCE, JOHN L. 1680 AVION NAPLES FL 34104		
VP	BRUCE, KATHI L. 1680 AVION PL. NAPLES FL 34104		

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] **PRES.** 2/10/01 941-732 5848  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)