

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90051 006 ***150.00

DOCUMENT # S91043

1. Entity Name
BRUNNER'S SPORTS, INC.

Principal Place of Business
627 NADERSON CIRLCE
208
DEERFIELD BEACH FL 33441
US

Mailing Address
C/O AC CARBONE
1600 S FEDERAL HWY #900
POMPANO BEACH FL 33062
US

00055550



2. Principal Place of Business

3. Mailing Address

5824 N. Plum Bay Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

4. FEI Number

65-0294867

Applied For

Not Applicable

Zip

Country

Zip

Country

33321

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

MAHON, TIMOTHY K.
2929 E COMMERCIAL BLVD
PH 'E'
FT LAUDERDALE FL 33308

Name **BRUNNER - Dionys S.**

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

5824 N. Plum Bay Parkway

City

TAMARAC

FL

Zip Code

33321

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **BRUNNER, DIONYS S.** ☐ Delete
 STREET ADDRESS **627 ANDERSON CIRCLE # 208**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

4.23.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)