

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90062 038 \*\*\*150.00

**DOCUMENT # 844913**

1. Entity Name

**C.A. BRUHNS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 518  
 INDIANTOWN FL 34956  
 US

P.O. BOX 518  
 INDIANTOWN FL 34956-0518  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-5546976**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POST, ROBERT M. J**  
**16001 SW MARKET STREET**  
**INDIANTOWN FL 34959**

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: **VPD**  Delete  
 NAME: **POST, ROBERT M JR.**  
 STREET ADDRESS: **16001 MARKET STREET**  
 CITY-ST-ZIP: **INDIANTOWN FL**

TITLE: **PD**  Change  Addition  
 NAME: **Post, Robert M Jr.**  
 STREET ADDRESS: **16001 Market Street**  
 CITY-ST-ZIP: **Indiantown, FL**

TITLE: **PDT**  Delete  
 NAME: **HENNING, CAROLYN G**  
 STREET ADDRESS: **23 W JOHN ST**  
 CITY-ST-ZIP: **HICKSVILLE NY**

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

TITLE: **SD**  Delete  
 NAME: **GENTRY, ELIZABETH**  
 STREET ADDRESS: **WEST FARMS RD.**  
 CITY-ST-ZIP: **INDIANTOWN FL**

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
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 CITY-ST-ZIP:  Delete

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-00**

Date

**54-587**  
**3113**

Daytime Phone #

CR2E034 (9/99)