

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90087 019 \*\*\*150.00

DOCUMENT # **844913**

1. Entity Name  
**C.A. BRUHNS, INC.**



Principal Place of Business

~~P.O. BOX 518~~  
~~INDIANTOWN FL 34956~~  
~~US~~

Mailing Address

**1944 NORTH NOB HILL ROAD**  
~~PMB #614~~  
**PLANTATION FL 33322**  
**US**

2. Principal Place of Business

**421 Robin Hill Rd.**

3. Mailing Address

**7300 W. McNAB Rd.**  
**Suite # 217**

Suite, Apt. #, etc.

**WAYNE, PA.**

Suite, Apt. #, etc.

**TAMARAC, FL.**

4. FEI Number

**13-5546976**

Applied For

Not Applicable

Zip **19087-2330** Country **USA**

Country **USA**

Zip **33321** Country **USA**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~ROST, ROBERT M. J~~  
~~16001 SW MARKET STREET~~  
~~INDIANTOWN FL 34959~~

7. Name and Address of New Registered Agent

Name: **Manuel Kushner, Esquire**  
Street Address (P.O. Box Number is Not Acceptable):  
**40 Kaye Scholer LLP**  
**777 S. Flagler Dr, #900 West**  
City: **West Palm Beach FL** Zip Code: **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1.30.03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	POST, ROBERT M JR.	16001 MARKET STREET	INDIANTOWN FL 34956	<input checked="" type="checkbox"/>
S	GENTRY, ELIZABETH	WEST FARMS RD.	INDIANTOWN FL 34956	<input checked="" type="checkbox"/>
V	LESLIE, JEFFREY S	16001 MARKET STREET	INDIANTOWN FL 34956	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	CARL A BRUHNS	421 ROBIN HILL RD	WAYNE, PA 19087	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DOUGLAS P BRUHNS	421 EAGLE RD.	WAYNE, PA 19087	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	STEPHEN C BRUHNS	3 DAWNS WAY	MALVERN, PA 19355	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)