

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90998 020 \*\*\*150.00

**DOCUMENT # P00000026562**



1. Entity Name  
**BRADFORD PROPERTIES OF OCALA, INC.**

Principal Place of Business \*\*  
**101 N.E. 16 AVE.  
OCALA FL 34470**

Mailing Address  
**101 N.E. 16 AVE.  
OCALA FL 34470**



2. Principal Place of Business  
Suite, Apt. #, etc.  
**2824 SE 30 St**

3. Mailing Address  
Suite, Apt. #, etc.  
**2824 SE 30 St.**

City & State  
**Ocala FL**

City & State  
**Ocala FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0994784** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip Country Zip Country  
**34471 USA 34471 USA**

6. Name and Address of Current Registered Agent

**DINKINS, BRAD  
101 N.E. 16 AVE.  
OCALA FL 34470**

7. Name and Address of New Registered Agent

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

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

**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	<b>D</b> <b>DINKINS, BRAD</b> <b>101 N.E. 16 AVE.</b> <b>OCALA FL 34470</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wendy Dinkins</b> <b>2824 SE 30 St</b> <b>Ocala, FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 REQUIRED** **4/2/03** **352-817-9824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)