


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90478 009 ***150.00

DOCUMENT # *P950000 12713*

1. Entity Name
BRADD SCHULE CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

94065901

2. Principal Place of Business
7509 49th Ave East

3. Mailing Address
7509 49th Ave East

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton FL.

City & State
Bradenton Florida

4. FEI Number
65-0561304

Applied For
Not Applicable

Zip
34203

Country
USA

Zip
34203

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRADD SCHULE

Street Address (P.O. Box Number is Not Acceptable)
7509 49th Ave East

BRADENTON Florida 34203

City
FL

Zip Code
34203

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$67.25
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 <i>P Bradd Schule 7509 49th Ave East Bradenton, FL. 34203</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>V.P. Sally Schule 7509 49th Ave East Bradenton FL. 34203</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bradd Schule* **BRADD SCHULE** *4/20/04* *941-650-7753*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)