2000 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2000 8:00 am Secretary of State DOCUMENT # **G26239** 1. Entity Name BRADFORD TRI-COUNTY MARKETING, INC. 02-09-2000 90267 001 ***150.00 Principal Place of Business Mailing Address 5686 YOUNGQUIST RD #A7 5686 YOUNGQUIST RD #A7 P.O. BOX 205 BRANCH ONE P.O. BOX 205 BRANCH ONE FT MYERS FL 33931-1281 FT MYERS FL 33907 US 2. Principal Place of Business 3. Mailing Address Branch one 121 Lenell P.O. Box 205 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit 1 Applied For City & State City & State 4. FEI Number 59-2272339 Beach Beach , FL Ft Myers Not Applicable FT myers Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33931-33931 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADFORD, JAMES M Street Address (P.O. Box Number is Not Acceptable) 120 CURLEW ST FT. MYERS FL 33931 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ** OFFICERS AND DIRECTORS 12. Vice - President Change TITLE Delete TITLE BRADFORD, JAMES M Tammy L. Herbert 220 Curlewst NAME 120 CURLEW ST STREET ADDRESS STREET ADDRESS FTMYERS BEACH, FL. 33931 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL TITLE ☐ Change ☐ Delete Secretary TITLE William J. Bradford NAME NAME STREET ADDRESS FL 33931 aao Owr 1ew Stra STREET ADDRESS CITY-ST-ZIP F+ myers Beach, CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete James m Bradford NAME NAME STREET ADDRESS 220 Curlew St. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP F+ myers Beach. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941463 4053

Daytime Phone #

FILED