2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # 272374 DUANE BRADLEY ENTERPRISES, INC. ilincipal Place of Business Mailing Address 1101 S MIRAMAR AVE S MIRAMAR AVE #401 ***** FL 32903 INDIALANTIC FL 32903-3454 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Ζıp Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name BRADLEY, DUANE A. Street Address (P.O. Box Number is Not Acceptable) 1101 S MIRAMAR AVE #401 INDIALANTIC FL 32903 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS î i. ☐ Delete TITLE BRADLEY, DUANE A. NAME STREET ADDRESS 1101 S MIRAMAR AVE, #401 CHILL: ADDRESS CITY-ST-ZIP ST-ZIP INDIALANTIC FL 32903 ☐ Delete BRADLEY, JANET G. 1101 S MIRAMAR AVE. #401 STREET ADDRESS CÎTY-ST:ZIP~ ST-ZIP INDIALANTIC FL 32903 ☐ Delete HĪLĒ SPARINA LIGHT STREET ADDRESS ST-ZIP CITY-ST-ZIP

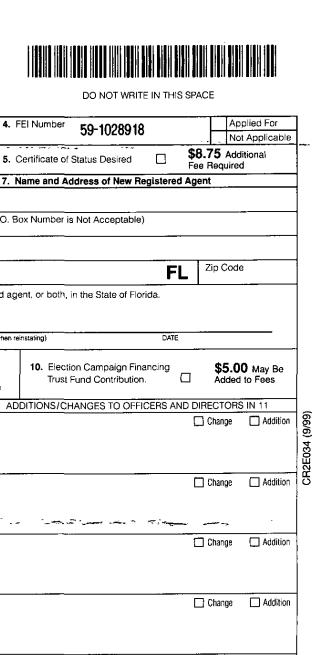
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FILED Apr 28, 2000 8:00 am Secretary of State

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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 attachmen with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

SIGNATURE

SPARAIL ANNAFSS

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STREET ATTIMESS

ST. 7IP

HILE

SULTANTE WE STAND OF FIGURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

407-808-9097

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