## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 321376** BRADLEY'S CHAIRS AND SOFAS, INCORPORATED 01-20-2000 90095 042 \*\*\*150.00 Principal Place of Business Mailing Address 13055 STARKEY ROAD 13055 STARKEY ROAD CUUU7559 °~~\_\_\_ LARGO FL 33773-1416 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1204543 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent == 7.- Name and Address of New Registered Agent BRADLEY JR, PAUL A. Street Address (P.O. Box Number is Not Acceptable) 13055 STARKEY RD **LARGO FL 33773** City 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter 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 OFFICERS AND DIRECTORS 11. 12. ΡĎ TITLE ☐ Delete TITLE ☐ Addition BRADLEY, PAUL A JR NAME NAME BRADLEY, PAUL A JR STREET ADDRESS 1480 GULF BLVD STREET ADDRESS 13055 STARKEY RD CITY-ST-ZIP CITY-ST-ZIP BELLEAIR SHORE FL LARGO, FL 33773 ☐ Delete TITLE Change ☐ Addition TITLE BRADLEY, MICHAEL P NAME NAME 3998 HAMMOND'S FERRY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP EVANS GA - 🖪 Addition Delete TITLE: ☐ Change ~ 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 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

////oo

727- 530-7061

Daytime Phone #

**FILED**