

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90162 019 ***150.00

DOCUMENT # 390688

1. Entity Name:
BRADLEY CONSTRUCTION COMPANY

Principal Place of Business

522 SE EDGEWOOD DR
STUART FL 34996
US

Mailing Address

644 DAVIS ACRES DRIVE
W. JEFFERSON NC 28694
US

2. Principal Place of Business

3. Mailing Address

708 DAVIS ACRES DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State

City & State

Same

Zip

Country

Zip

Country

Same

4. FEI Number

59-1439414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACKEEN, W. THOMAS
1100 S FEDERAL HIGHWAY
STUART FL 34995-0006

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LARSEN, BYRON R.
644 DAVIS ACRES DR.
W. JEFFERSON NC 38694

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
708 DAVIS ACRES DR

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LARSEN, JEANE
644 DAVIS ACRES DR
W JEFFERSON FL 38694

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
708 DAVIS ACRES DR

☒ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)