

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90022 040 ***150.00

DOCUMENT # 412646**1. Entity Name**
BRADFORD DEVELOPMENT CORPORATION**Principal Place of Business**
PO BOX 771547
WINTER GARDEN FL 34777-1547**Mailing Address**
PO BOX 771547
WINTER GARDEN FL 34777-1547**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1426528**

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****BRADFORD, M. WADE**~~**323 COURTLEA OAKS BLVD**~~**P.O. BOX 771547****WINTER GARDEN FL 34787**

Name

Street Address (P.O. Box Number is Not Acceptable)

321 COURTLEA OAKS BLVD

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BRADFORD, M W	NAME	
STREET ADDRESS	323 COURTLEA OAKS BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	TITLE	
NAME	BRADFORD, CAMERON	NAME	
STREET ADDRESS	323 COURTLEA OAKS BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	TITLE	
NAME	BRADFORD, JANICE M	NAME	
STREET ADDRESS	323 COURTLEA OAKS BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 M. WADE BRADFORD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)