

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90379 031 ***150.00

DOCUMENT # 848585

1. Entity Name
BRADCO SUPPLY CORPORATION



Principal Place of Business
**13 PRODUCTION WAY
AVENEL NJ 07001**

Mailing Address
**13 PRODUCTION WAY
AVENEL NJ 07001**

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 **22-1805243**

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

**MILEWSKI, RAY
5420 NORTH 59TH STREET
TAMPA FL 33610**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEGAL, BARRY
145 VOLLERS DR
BRANCHBURG NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN OF THE BOARD
AND CHIEF EXECUTIVE OFFICER
SEGAL, BARRY
145 VOLLERS DR. BRANCHBURG, NJ** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WEINBERGER, MICHAEL
6 ARROW DRIVE
LIVINGSTON NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SEGAL, BRAD
76 ROCKLEDGE DRIVE
LIVINGSTON, NJ** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SEGAL, BRAD
76 ROCKLEDGE DR
LIVINGSTON NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Delete

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**T
FEINBERG, STEVEN
74 RIDGE DRIVE
LIVINGSTON NJ** ☐ Change ☐ Addition

12. 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 10 or Block 11 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 (10/02)