

# 2002 UNIFORM BUSINESS REPORT (UBR)

0454948 AV

DOCUMENT # F94000002844

1. Entity Name  
BREDEL CORPORATION

FILED  
02 APR 30 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2020 LAMONT ST.  
KINGSPORT TN 37664

Mailing Address

2631 MCCORMICK DR  
STE 102  
CLEARWATER FL 33759  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2637 McCormick Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same as Principal

Suite, Apt. #, etc.

Address

City & State

Clearwater, FL

City & State

4. FEI Number

62-1535515

Applied For

Not Applicable

Zip

Country

Zip

Country

33759

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COATES, BOB

2631 MCCORMICK DR

STE 102

CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Thurman, Marcy J

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

2637 McCormick Dr

City

Clearwater

FL

Zip Code

33759

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

Marcy J. Thurman

4/29/02

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
COATES, BOBBY L  
2631 MCCORMICK DR. STE 102  
CLEARWATER FL 33759 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTS  
COATES, DEBORAH R  
2631 MCCORMICK DR STE 102  
CLEARWATER FL 33759 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2637 McCormick Dr.  
Clearwater, FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2637 McCormick Dr.  
Clearwater, FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob L. Coates

4/29/02 727-669-4522

Date

Daytime Phone #

CR2E034 (9/01)