

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90124 037 ***158.75

DOCUMENT # F98000006564

1. Entity Name
WEST BRADENTON RESOURCES, INC.

Principal Place of Business

**6015 POINT WEST BLVD.
 BRADENTON FL 34209**

Mailing Address

**% MEDICAL RESOURCES, INC. - LEGAL DEPT.
 125 STATE ST., STE. 200- LEGAL DEPT.
 HACKENSACK NJ 07601**

001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3622405

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**G T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOYCE, CHRISTOPHER J 125 STATE ST., STE. 200 HACKENSACK NJ 07601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHYNOT, GEOFFREY A 125 STATE ST, STE. 200 HACKENSACK NJ 07601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, DAVID M 125 STATE ST., STE. 200 HACKENSACK NJ 07601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHRISTOPHER J. JOYCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 STATE STREET - SUITE 200 HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JOHN VALLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 125 STATE STREET - SUITE 200 HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY CASKADON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 449 - 10th AVENUE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 REQUIRED
Mary Caskadon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY CASKADON

Date

Daytime Phone #

4-11-02 941-721-4921

CR2E034 (9/01)