

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02812

1. Entity Name

BRAD'S TRACTOR SERVICE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90144 021 ***150.00

Principal Place of Business

5477 VARDON CT.
SPRING HILL FL 34609

Mailing Address

5477 VARDON CT.
SPRING HILL FL 34609-1377

2. Principal Place of Business

14824 County Line Road

Suite, Apt. #, etc.

3. Mailing Address

14824 County Line Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Spring Hill, Florida

Zip
34610

Country
Pasco

City & State
Spring Hill, Florida

Zip
34610

Country
Pasco

4. FEI Number 59-2306961

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

JACKSON, BRADLEY, II
5477 VARDON COURT
SPRING HILL FL 33526

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 _____ 4/26/2000

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, 2000 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 PST
NAME JACKSON, BRADLEY, II
STREET ADDRESS 5477 VARDON CRT
CITY-ST-ZIP SPRING HILL FL ☐ Delete

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

TITLE D
NAME JACKSON, BRADLEY, II
STREET ADDRESS 5477 VARDON CRT
CITY-ST-ZIP SPRING HILL FL ☐ Delete

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

TITLE ST
NAME JACKSON, MELINDA L.
STREET ADDRESS % 5477 VARDON CT.
CITY-ST-ZIP SPRING HILL FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/26/2000

Date

(727) 379-0810

Daytime Phone #

CR2E034 (9/99)