

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H70070**

1. Entity Name

**MARK M. BRADFIELD, P.A.****FILED****Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90048 010 \*\*\*150.00

**00043191**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1818 S AUSTRALIAN AVE SUITE #404 W PALM BEACH FL 33409-6447 US</b>	Mailing Address <b>POST OFFICE BOX 3978 WEST PALM BEACH FL 33402-3978 US</b>
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2. Principal Place of Business <b>2625 PROSPERITY OAKS CT.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2625 PROSPERITY OAKS CT.</b> Suite, Apt. #, etc.
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City & State <b>PALM BEACH GARDENS, FL</b>	City & State <b>PALM BEACH GARDENS, FL</b>
Zip <b>33410</b>	Country <b>USA</b>

4. FEI Number <b>59-2568265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BRADFIELD, MARK M 1818 S AUSTRALIAN AVE SUITE #404 W PALM BEACH FL 33409</b>
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7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>2625 PROSPERITY OAKS COURT</b> City <b>PALM BEACH GARDENS, FL</b> Zip Code <b>33410</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRADFIELD, MARK M 1818 S AUSTRALIAN AVE #404 WEST PALM BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3 SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2625 PROSPERITY OAKS COURT PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Mark M Bradfield** **4/6/01** **(561) 626-4062**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)