## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # J27656** Aug 03, 2000 8:00 am Secretary of State 1. Entity Name BRADDOCK METALLURGICAL, INC. 08-03-2000 90004 035 \*\*\*550.00 Mailing Address Principal Place of Business 13303 RANCH RD 14600 DUVAL PLACE 233 E BAY STREET, STE, 620 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2736430 Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, MARSHALL D Street Address (P.O. Box Number is Not Acceptable) 233 E BAY STREET SUITE 620 JACKSONVILLE FL 32202 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \*\* 🌽 🚄 FILE NOW!!!-FEE IS:\$550.00 🐔 📑 🚉 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BRADDOCK, WILLIAM K. NAME NAME 123 CHIMNEY ROCK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRIDGEWATER NJ** ☐ Change ☐ Addition ☐ Delete TITLE BRADDOCK, STEPHEN R. NAME STREET ADDRESS 123 CHIMNEY ROCK RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRIDGEWATER NJ** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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