FILED

Jun 03, 2002 8:00 am Secretary of State
06-03-2002 91208 013 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

J27656

DOCUMENT # 1. Entity Name

BRADDOCK METALLURGICAL, INC.

Principal Place of Business 14600 DUVAL PLACE 233 E BAY STREET, STE. 620 JACKSONVILLE FL 32218 U\$

Mailing Address

13303 RANCH RD

JACKSONVILLE FL 32218

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2. Principal Place of Business			3. Mailing Address 14600-1 Duval Place West								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. 1	4. FEI Number 59-2736430			pplied For	
			Jacksonville, FL							lot Applicable	
Zíp	Country		51218	Loun	ĽSA	5. (Certificate of Status Desir	ed 🗆	\$8.75 Ad Fee Require		
	6. Name and Address	of Current Re	gistered Agent				Name and Address of N		l Agent		
DAVIS, MARSHALL D 233 E BAY STREET SUITE 620 JACKSONVILLE FL 32202					Name Michael M. Bajalia Street Address P.O. Box Number is Novacceptable. 1301 Niver place Divid. Suite 1700 City Jackswille FL Zip.Code 3/207						
					Ja	cksow	rille	FI	- 32:	207	
SIGNATURES 9. This corpor	Signature, typed or printed havine of ation is eligible to satisfy equirement and elects to d a on back)	registereguegent and to	FILE NOW! After May 1, 200 Make Check Payab	E: Registerer	d Agent signature IS \$150.00 will be \$550	required when re 0.00 f State	instating) 10. Election Campaig Trust Fund Contri	DATE in Financing bution.	☐ Adde	00 May Be	
11.	and the same of th	ICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 11	
NAME STREET ADDRESS	PD Braddock, William 123 Chimney Rock I Bridgewater Nj	K. RD	☐ Delete		i i				☐ Change	☐ Addition	
NAME STREET ADDRESS	d Braddock, Stephen 123 Chimney Rock I Bridgewater NJ		☐ Delete		1			**	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .				☐ Change	☐ Addition	
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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:

STOWN BUREAR COURTED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

141-6999