

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40628

1. Entity Name

BRIDGE STRUCTURES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90276 046 \*\*\*150.00

Principal Place of Business

C/O BRAD BOULTON  
1705 COLONIAL BLVD. UNIT C-4  
FORT MYERS FL 33907-7296  
US

Mailing Address

4104 HIDDEN ACRES CIR  
NORTH FT. MEYERS FL 33903-7107  
US

2. Principal Place of Business

4104 Hidden Acres Cir.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. Fort Myers FL

City & State

Zip

33903

Country

USA

Country

4. FEI Number

59-2740065

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

BOULTON, BRAD  
1705 COLONIAL BLVD, UNIT C-4  
FT. MYERS FL 33907

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)

4/28/00

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 D  
NAME BOULTON, JIM  
STREET ADDRESS 150 TURNBERRY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

☐ Delete

TITLE PD  
NAME BOULTON, J. BRADFORD  
STREET ADDRESS 4104 HIDDEN ACRES CIRCLE  
CITY-ST-ZIP N. FT. MYERS FL

☐ Delete

TITLE SD  
NAME MINICH, MARK  
STREET ADDRESS 1928 SE 31ST TERR  
CITY-ST-ZIP CAPE CORAL FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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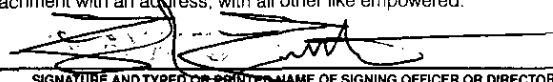
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

941-995-3963  
Daytime Phone #

CR2E034 (9/99)