

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90161 003 \*\*\*150.00

**DOCUMENT # J40628**

**1. Entity Name**  
**BRIDGE STRUCTURES, INC.**



**Principal Place of Business**  
**5706 MONTILLA DR**  
**FORT MYERS FL 33919**  
**US**

**Mailing Address**  
**5706 MONTILLA DR**  
**FORT MYERS FL 33919**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

**144 Riverview Rd**

**144 Riverview Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Fort Myers Florida**

**Fort Myers FL**

**Zip**

**Country**

**33905**

**USA**

**Zip**

**Country**

**33905**

**USA**

**4. FEI Number** **59-2740065**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BOULTON, BRAD**  
**5706 MONTILLA DRIVE**  
**FORT MYERS FL 33919**

**Name**

**Brad Boulton**  
**Street Address (P.O. Box Number is Not Acceptable)**

**144 Riverview Rd**

**City**

**Fort Myers**

**FL**

**Zip Code**

**33905**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/22/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** **PD** ☐ Delete  
**NAME** **BOULTON, J. BRADFORD**  
**STREET ADDRESS** **5706 MONTILLA DRIVE**  
**CITY-ST-ZIP** **FORT MYERS FL 33919**

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

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

**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**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
**SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/22/03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)