

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68143

1. Entity Name

BRADFORD TITLE SERVICES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90321 038 ***150.00

Principal Place of Business

403 W GEORGIA STREET
~~P.O. BOX 200~~
STARKE FL 32091
US

Mailing Address

P O DRAWER 1030
STARKE FL 32091
US

00031062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

403 W Georgia St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1030

City & State

Starke, FL

City & State

Zip

Country

32091

US

4. FEI Number 59-2839604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDY, DUDLEY P.
403 W. GEORGIA ST
STARKE FL 32091

7. Name and Address of New Registered Agent

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)

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, 2001 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

TITLE PD
NAME HARDY, DUDLEY P.
STREET ADDRESS 403 W. GEORGIA ST
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE S/D
NAME HARDY, BEVERLY B
STREET ADDRESS 403 W. GEORGIA ST
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

3/1/01 (904) 964-4747
Date Daytime Phone #

CR2E034 (10/00)