## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSIN	IESS	REPOR'	T (UBF	<b>?)</b>		Apr 20, 200	5 0.00	) alli	
DOCUMENT # J91738  1. Entity Name C'EST SI BON OF BRADENTON, INC.							Secretary of State 04-28-2003 91476 023 ***150.00			
Principal Place of Business 7463 MANATEE AVE. W. BRADENTON FL 34209 US 2. Principal Place of Business			Mailing Address %MARILYN S. RADLOFF 716 KEY ROYALE DR. HOMMES BEACH FL 34217 US 3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	le	City	& State			4. FE1	Number <b>65-0005492</b>		oplied For ot Applicable	
Zip	Country	Zip	J- 2 - 3 - 3	Country	4 J	<b>5.</b> Cer	tificate of Status Desired	\$8.75 Add - Fee Require		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
RADLOFF, MARILYN S. 716 KEY ROYALE DR.					Name Street Address (P.O. Box Number is Not Acceptable)					
HOLMES BEACH FL 34217					City FL Zip Code stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE F	Signature, typed or printed name of registered a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00	ficable. (NOTE:	Registered Agent sign	nature required	when reinst	9. Election Campaign Financing Trust Fund Contribution.	\$5.0	O May Be	
10.	OFFICERS A	ND DIRECTO	RS	. 11.		ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE	PD RADLOFF, MARILYN S. 716 KEY ROYALE DR. HOLMES BEACH FL	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, SUSANN L. 1406 HIGHVIEW RD. BRANDON FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	198 B76	34WD	CANWOOD CIR.	☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RADLOFF, SCOTT R. 3147 N. QUINCY ST. ARLINGTON VA	eraTeki o <b>⇔ e</b> n vi	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAK 19 BR	YLE 1008 ADEN	A. RADLOFF 45TH AVE. E. MONIFL 34202	Change	<b>⊠</b> ( Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;			Change .	Addition	

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition