

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94488

1. Entity Name

BRADDOCK CONSTRUCTION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90039 041 ***150.00

Principal Place of Business

Mailing Address

1147 1ST AVE. S.
P O BOX 51328
JACKSONVILLE BEACH FL 32250
US

1147 1ST AVE. S.
P O BOX 51328
JACKSONVILLE BEACH FL 32250-3370
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2947037

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRADDOCK, JOHN, D
1147 1ST AVE. S.
JACKSONVILLE BEACH FL 32250

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, 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	PD	<input type="checkbox"/> Delete
NAME	BRADDOCK, JOHN	
STREET ADDRESS	121 32 AVE S	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIER, CHARLES	
STREET ADDRESS	34 SEA PARK DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRINNAN, KIM E	
STREET ADDRESS	2 BOMITA DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HICKS, FRANKLIN O.	
STREET ADDRESS	1292 18TH ST. N.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINOVER, BRAD	
STREET ADDRESS	3839 LUTH DRIVE, EAST	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRADDOCK, THOMAS M.	
STREET ADDRESS	607 N. 3RD AVE.	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 a other like empowered.

SIGNATURE: *John D. Braddock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)