

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90051 020 ****50.00

DOCUMENT # L01000022471

1. Entity Name
BRADFORD PROPERTIES OF CENTRAL FLORIDA, LLC



Principal Place of Business
~~327 COURTLEA OAKS BLVD.~~
WINTER GARDEN FL 34787

Mailing Address
P.O. BOX 771547
WINTER GARDEN FL ~~34787~~

2. Principal Place of Business

302 FOREST HAVEN DR
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34777

4. FEI Number **75-2985600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADFORD, M. WADE
~~327 COURTLEA OAKS BLVD.~~
WINTER GARDEN FL 34787

Name

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

302 FOREST HAVEN DRIVE

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME ~~WADE, MALCOLM~~
STREET ADDRESS ~~327 COURTLEA OAKS BLVD.~~
CITY-ST-ZIP ~~WINTER GARDEN FL 34787~~

TITLE ☒ Change ☐ Addition
NAME **M. WADE BRADFORD**
STREET ADDRESS **302 FOREST HAVEN DR.**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MILLER BRADFORD, JANICE**
STREET ADDRESS ~~327 COURTLEA OAKS BLVD.~~
CITY-ST-ZIP ~~WINTER GARDEN FL 34787~~

TITLE ☐ Change ☐ Addition
NAME **302 FOREST HAVEN DR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** **M. WADE BRADFORD** **407-656-6397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)