


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-11-2003 90074 007 ***150.00

DOCUMENT # M67938

1. Entity Name
BRADFORD BUILDING CORPORATION



Principal Place of Business
~~327 COURTLER OAKS BLVD~~
PO BOX 771547
WINTER GARDEN FL 34777-8547
US

Mailing Address
P. O. BOX 771547
~~323 COURTLER OAKS BLVD~~
WINTER GARDEN FL 34777
US



2. Principal Place of Business
302 FOREST HAYEN DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
WINTER GARDEN

City & State

Zip
34787

Country
USA

Zip

Country

4. FEI Number
59-2883624

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRADFORD, M. WADE
~~327 COURTLER OAKS BLVD~~
PO BOX 771547
WINTER GARDEN FL 34777

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
302 FOREST HAYEN DR.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE D	<input type="checkbox"/> Delete
NAME BRADFORD, M. WADE	
STREET ADDRESS 111 MERICAM CT.	
CITY-ST-ZIP WINTER GARDEN FL	
TITLE D	<input type="checkbox"/> Delete
NAME BRADFORD, JANICE M.	
STREET ADDRESS 111 MERICAM CT.	
CITY-ST-ZIP WINTER GARDEN FL	
TITLE VP.	<input type="checkbox"/> Delete
NAME BRADFORD, CAMERON W	
STREET ADDRESS 111 MERICAM CT	
CITY-ST-ZIP WINTER GARDEN FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *BRADFORD WADE* **02/06/03** **407-656-6397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)