

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.

City & State

WINTER GARDEN

City & State

Zip Country

34787 **USA**

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

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

(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** ☐ Delete
NAME **BRADFORD, M. WADE**
STREET ADDRESS **111 MERICAM CT.**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D** ☐ Delete
NAME **BRADFORD, JANICE M.**
STREET ADDRESS **111 MERICAM CT.**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VP.** ☐ Delete
NAME **BRADFORD, CAMERON W**
STREET ADDRESS **111 MERICAM CT**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 M. WADE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/03 **407-656-6397**
Date Daytime Phone #

CR2E034 (10/02)