2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90029 038 ***150.00

UUU22363

DO NOT WRITE IN THIS SPACE

DOCUMENT # M92405

1. Entity Name

BRADBURN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
% JOHN A. BRADBURN, JR. 7212 US HWY 19 STE 3 NEW PT RICHEY FL 34652 US	% JOHN A. BRADBURN, JR. 7212 US HWY 19 STE 3 NEW PT RICHEY FL 34652-1641 US

2. Principal Place of Business	3. Mailing Address
14348 Bronte Court	14348 Bronte CT
Suite, Apt. #, etc. Hudson, Florida	Suite, Apt. #, etc. Hudson, FL
City & State	City & State
Zip 34667 Country PASCO	Zip 34667 Country PASCO

4. FEI Number **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRADBURN, JOHN A., JR.
~~7212 US HWY 19 STE 3~~ 14348 Bronte CT
~~NEW PT RICHEY FL 34652~~ Hudson, FL 34667

7. Name and Address of New Registered Agent

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] Jan 30 00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRADBURN, JOHN A. JR. 7212 US HWY 19 STE 3 NEW PT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature] Jan 30, 00 (727) 819-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (10/99)