04-14-2003 90348 039 \*\*\*150.00

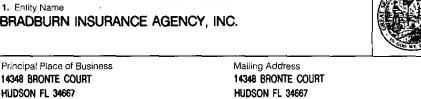
## FILED Apr 14, 2003 8:00 am Secretary of State

2003	<b>FOR</b>	<b>PROFIT</b>	CORPOR	ATION
UNIFO	RM B	USINES	S REPOR'	T (UBR)

DOCUMENT #

M92405

BRADBURN INSURANCE AGENCY, INC.





14348 BRONTE COURT HUDSON FL 34667 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State Applied For City & State NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADBURN, JOHN A., JR. Street Address (P.O. Box Number is Not Acceptable) 14348 BRONTE COURT. HUDSON FL 34667 City 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.

**'**SÌGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating)

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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition BRADBURN, JOHN A. JR. NAME NAME 14348 BRONTE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Bradburn, Rose anne NAME STREET ADDRESS 14348 BRONTE COURT STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADORESS 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 of the changed, or on an attachmer

SIGNATURE: