2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2002 8:00 am **DOCUMENT # N50635 Secretary of State** 1. Entity Name BRADLEY PARK, INC. 02-04-2002 90347 024 ****61.25 Principal Place of Business Mailing Address 44 EAST BRADLEY STREET 44 EAST BRADLEY STREET DESTIN FL 32541 **BOX 15** DESTIN FL 32541 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3199826 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 32*55*0 Fee Required__ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GOODSON, PERRY F 44 EAST BRADLEY STREET #15 Zip Code City DESTIN FL 32541 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. GIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE HANNAH, WALTER 4220 BARDINAL ST. HANNAH, WALTER NAME NAME STREET ADDRESS **4220 CARDINAL STREET** STREET ADDRESS CITY-ST-ZIP NORTH PORT, AC 32476 CITY-ST-ZIP **NORTHPORT AL 32476** ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOODSON, PERRY F NAME NAME STREET ADDRESS STREET ADDRESS 44 E BRADLEY ST #14 CITY-ST-ZIP: -CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition ☐ Delete TITLE GAGNIN, JOSEPH R. GAGNON, JOSEPH R NAME RO. BOK 325 STREET ADDRESS STREET ADDRESS P.O. BOX 325 FT. MITCHELL, AL 36856 CITY-ST-ZIP FT MITCHELL AL 36856 CITY-ST-ZIP Addition Delete ☐ Change TITLE BARFIELD, HARRIET WHEELER, DONALD C NAME NAME RT. 1 BOX 40 STREET ADDRESS 44 E BRADLEY ST #12 STREET ADDRESS ELLAVILLE, GA 3/806 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition 90 ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 617, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

850-654-0057

(6) (6)