## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State P00000023289 DOCUMENT # 1. Entity Name 04-24-2002 90347 043 \*\*\*150.00 J.P. BRADLEY CORPORATION Mailing Address Principal Place of Business 3828 CASSIA DR 3828 CASSIA DR ORLANDO FL 32828 ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address 3003 FORSYTH Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3626910 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bucher ASON BAXTER, JAMES\_\_\_\_ Street-Address (P.O.-Box-Number is Not Acceptable) 5920 HOG SNAPPER LN ORLANDO FL 32822-6907 3828 CASSIA DR Zip Code ORLANDO 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: (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F Delete TITLE ASON H. Bucher BAXTER JAMES M NAME NAME 3003 FORSYTH ROAD 5920 HOG SNAPPER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando FL 32822 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 at other lines are lines are lines as a second of the corporation of the corporation 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 at other lines are lines as a second of the corporation of the corpor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**