

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 019 ***150.00

DOCUMENT # P00000026562

1. Entity Name
BRADFORD PROPERTIES OF OCALA, INC.

Principal Place of Business

101 N.E. 16 AVE.
OCALA FL 34470

Mailing Address

101 N.E. 16 AVE.
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0994784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINKINS, BRAD
101 N.E. 16 AVE.
OCALA FL 34470

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DINKINS, BRAD**
STREET ADDRESS **101 N.E. 16 AVE.**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Dinkins 7/3/02 352-732-4464
 Date Daytime Phone #

CR2E034 (4/02)

Attachment # P000000026562 B0127132

Bradford Properties of Ocala, Inc.
101 N.E. 16th Avenue
Ocala, FL 34470

To: Department of State

Re: Bradford Properties of Ocala, Inc.
UBR Document #00000026562

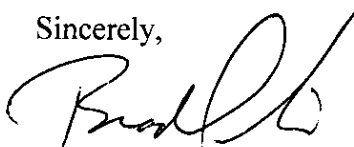
Date: July 3, 2002

I have no record of receiving this document between January 1, 2002 and May 1, 2002. However I did receive a mailed report today.

I called the Department of State and told them this and asked about the \$550.00 fee being so excessive. An agent said to send this letter and a check for \$150.00 and this would be sufficient for this year only.

Thanks for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Dinkins", written in a cursive style.

Brad Dinkins