

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028734

1. Entity Name

BRADY-DOUGLAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1407 MAIN STREET

3. Mailing Address

1407 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL 34698

City & State

DUNEDIN, FL 34698

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3635212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANNE BRADY MACKENZIE

Street Address (P.O. Box Number is Not Acceptable)

403 SAN SALVADOR DR.

City

DUNEDIN

FL

Zip Code

34698

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 typed or printed name of registered agent next to applicable

(NOTE: Registered Agent signature required when amending)

10/25/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. --
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended-UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANNE BRADY MACKENZIE 403 SAN SALVADOR DR DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000008734658 10/31/02--01108--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT DAVID D. MACDONALD 403 SAN SALVADOR DR DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02 727-733-7342

Date

Daytime Phone #

CR2E034B (12/01)

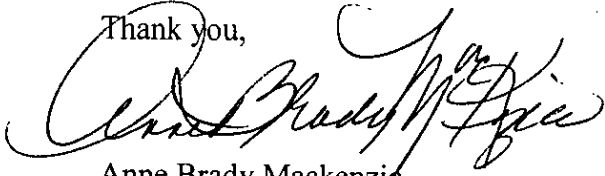
October 24, 2002

Brady-Douglas, Inc.
1407 Main Street
Dunedin, FL 34698
P00000028734

To Whom It May Concern:

I am sending my UBR report along with my check for \$150.00. I did not receive my UBR report on a timely basis. I was informed, by your office, to file the form this way.

Thank you,

A handwritten signature in cursive script, appearing to read "Anne Brady Mackenzie".

Anne Brady Mackenzie