

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000041162



1. Entity Name
BRADCO MAINTENANCE INC.

FILED

03 APR 23 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: RT. 5, BOX 5294, MONTICELLO, FL 32344
Mailing Address: RT. 5, BOX 5294, MONTICELLO, FL 32344

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.: 73 Chittling
City & State: Monticello | Suite, Apt. #, etc.: Same
City & State: Same



CHECK HERE IF MAKING CHANGES

Zip: FL | Country: | Zip: | Country:

4. FEI Number: 59-3644724
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
BRADLEY, JUSTIN
RT. 5, BOX 5294
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent
Name: Justin Bradley
Street Address (P.O. Box Number is Not Acceptable):
73 Chittling St
City: Monticello FL Zip Code: 32344

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]* DATE: 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	
TITLE: P NAME: BRADLEY, JUSTIN STREET ADDRESS: RT. 5, BOX 5294 CITY-ST-ZIP: MONTICELLO, FL 32344	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Justin Bradley STREET ADDRESS: 73 Chittling St. CITY-ST-ZIP: Monticello FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.

SIGNATURE: *[Signature]* DATE: 4/23/03 (850)251-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)