## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # P00000074280 1. Entity Name 04-23-2002 90408 039 \*\*\*150.00 RICHARD M. BRADWAY, P.A. Principal Place of Business Mailing Address 871 VENETIA BAY BLVD 871 VENETIA BAY BLVD **STE 380** STE 380 VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address 3210 Drivetan Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE & State ity & State 4. FEI Number Applied For 65-1030338 lo Komis Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADWAY, RICHARD M Street Address (P. Sox Number is Not Apeptable) EASI 723 EAGLE POINT DRIVE VENICE FL 34292 bkomis 8. The above named entity eu this statement for the purpose of planging its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME BRADWAY, RICHARD M 🕟 NAME 3210 Sonoma Drive East Nokomus, PL 34275 STREET ADDRESS STREET ADDRESS 871 VENETIA BAY BLVD STE 380 CITY-ST-ZIP CITY-ST-ZIP venice fl 34292 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 emperied to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR