

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90036 043 \*\*\*150.00

DOCUMENT # **PO0000095506**

1. Entity Name

**Brady Bilt, Inc.**

Principal Place of Business

**1320 Alfonso Circle**  
**Winter Springs, FL**  
**32708**

Mailing Address

**1320 Alfonso Circle**  
**Winter Springs, FL**  
**32708**

2. Principal Place of Business

**1156 Citrus Oaks Run**

3. Mailing Address

**1156 Citrus Oaks Run**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Springs, FL**

City & State

**Winter Springs, FL**

Zip

**32708**

Country

Zip

**32708**

Country

4. FEI Number

**59-3675269**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0082158**

6. Name and Address of Current Registered Agent

**Brady, Ernest A.**  
**1156 Citrus Oaks Run**  
**Winter Springs, FL 32708**

7. Name and Address of New Registered Agent

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.

SIGNATURE **X**

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **D**  
NAME **Brady, Ernest A.**  
STREET ADDRESS **1320 Alfonso Circle**  
CITY-ST-ZIP **Winter Springs, FL 32708**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P**  
NAME **Brady, Ernest A.**  
STREET ADDRESS **1156 Citrus Oaks Run**  
CITY-ST-ZIP **Winter Springs, FL 32708**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)