

Never Received A-printer  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91197 044 \*\*\*150.00

DOCUMENT # P00000095506

1. Entity Name

Brady Bilt, Inc.

675012

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1156 Citrus Oaks Run

Suite, Apt. #, etc.

3. Mailing Address

1156 Citrus Oaks Run

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, FL

City & State

Winter Springs, FL

4. FEI Number

59-3675269

Applied For

Not Applicable

Zip

32708

Country

Zip

32708

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brady, Earnest A.

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

1156 Citrus Oaks Run

City

Winter Springs

FL

Zip Code

32708

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 and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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  
D.P.  
Brady, Earnest A.  
1156 Citrus Oaks Run  
Winter Springs FL 32708

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Earnest A. Brady

Date

5/1/02 (407) 222-2822

Daytime Phone #

CR20046 (12/01)