## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P00000101330-1. Entity Name BRADSHAW INDUSTRIES, INC. 05-11-2001 90300 015 \*\*\*150.00 Principal Place of Business Mailing Address 22051 N. O'BRIEN ROAD 22051 N. O'BRIEN ROAD HOWIE-IN-THE-HILLS FL 34737 HOWIE-IN-THE-HILLS FL 34737 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3689957 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATCHER, STEPHEN B ESQ. Street Address (P.O. Box Number is Not Acceptable) 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801 Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. Change ☐ Delete HATCHER, STEPHEN B NAME STREET ADDRESS 315 EAST ROBINSON STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 <del>P/D</del> Bradshaw, Jr., C. E. ☐ Delete TITLE ☐ Change NAME NAME 22051 N. O'Brien Road STREET ADDRESS STREET ADDRESS Howey-in-the-HI11s, FL 34737 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change X Addition VP/CFO NAME NAME Hightower, L. Cleveland 22051 N. O'Brien Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Howey-in-the-Hills, FL 34737 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Cleveland Hightower