

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91036 039 ***150.00

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1. Entity Name
BRADFORD DEVELOPMENT OF OCALA, INC.



Principal Place of Business
**101 NE 16 AVE
OCALA FL 34470**

Mailing Address
**101 NE 16 AVE
OCALA FL 34470**

2. Principal Place of Business

3. Mailing Address

2824 SE 30 Street

2824 SE 30 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala FL 34471

City & State
Ocala FL

4. FEI Number **59-3680643**

Applied For

Not Applicable

Zip
34471

Country
USA

Zip
34471

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINKINS, BRAD
101 NE 16 AVE
OCALA FL 34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DINKINS, BRAD
101 NE 16TH AVE
OCALA FL 34470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Wendy Dinkins
2824 SE 30 St.
Ocala, FL 34471** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Wendy Dinkins
2824 SE 30 St.
Ocala, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

352-817-9821

Date

Daytime Phone #

CR2E034 (10/02)