

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90211 043 \*\*\*150.00

**DOCUMENT # P00000106609**

1. Entity Name  
**W BRADEN & ASSOCIATES, INC.**



Principal Place of Business  
**4623 FOREST HILL BLVD STE 111  
WEST PALM BEACH, FL 33415**

Mailing Address  
**4623 FOREST HILL BLVD STE 111  
WEST PALM BEACH, FL 33415**

2. Principal Place of Business

3. Mailing Address  
**1438 OCEAN DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**SUMMERLAND KEY, FL**

4. FEI Number  
**65-1076100**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BRADEN, WILLIAM  
4623 FOREST HILL BLVD STE 111  
WEST PALM BEACH, FL 33415**

Name

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

**1438 OCEAN DRIVE**

City **SUMMERLAND KEY**

FL

Zip Code  
**33042**

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's signature required when reinstating)

DATE

**FILE NOW!!! FEES \$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  
**P  
BRADEN, WILLIAM B  
4623 FOREST HILL BLVD, STE 111  
WEST PALM BEACH, FL 33415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1438 OCEAN DRIVE  
SUMMERLAND KEY, FL 33042**

TITLE  
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☐ 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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

**William B. Braden WILLIAM B. BRADEN 4/8/2003 561-222-0046**

CR2E034 (10/02)