

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90004 004 \*\*\*150.00

**DOCUMENT # P01000021072**

1. Entity Name

**BUSINESS ADVOCATES INC.**



Principal Place of Business

16304 TURNBRIDGE CT.,  
TAMPA FL 33647

Mailing Address

16057 TAMPA PALMS BLVD. W, PMB #350  
TAMPA FL 33647-2001

2. Principal Place of Business

16304 TURNBRIDGE CT.

Suite, Apt. #, etc.

3. Mailing Address

16057 TAMPA PALMS BLVD. W. #

Suite, Apt. #, etc.

# 350

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

HILLSBOROUGH

Zip

33647

Country

HILLSBOROUGH

4. FEI Number

59-3695790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, STEPHEN TODD  
16304 TURNBRIDGE CT.,  
TAMPA FL 33647

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. 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, 2004 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

TITLE P ☐ Delete  
NAME BRADSHAW, NGOC ANH N  
STREET ADDRESS 16057 TAMPA PALMS BLVD WEST 350  
CITY-ST-ZIP TAMPA FL 33647 Blvd.

TITLE V ☐ Delete  
NAME BRADSHAW, STEPHEN T  
STREET ADDRESS 10657 TAMPA PALMS BLVD.  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS 16057 TAMPA PALMS BLVD W. #350  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Stephen Todd Bradshaw*

Stephen Todd BRADSHAW

3-1-04

813 220-5470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #