2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # P01000048149

1. Entity Name

RON BRADDOCK AND SON, INC.

Principal Place of Business	Mailing Address
980 STATE RD 16	980 STATE RD 16
ST AUGUSTINE FL 32095	ST AUGUSTINE FL 32095

2. Principal Place of Business	3. Mailing Address
980 ST Rd 16	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State *ST. AUGUSTINE FL*
Zip	Country	Zip *32084*	Country *ST JOHNS*

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number *59-3718399*   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALLETTA, JOHN JR
5431 A1A SOUTH
#101
ST AUGUSTINE FL 32080

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 X *Ronald W Braddock* 2

(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

DATE *1/9/03*

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	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, RONALD W		NAME	
STREET ADDRESS	980 STATE RD 16		STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, RONALD W		NAME	
STREET ADDRESS	980 STATE RD 16		STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 *Ron W Braddock President 2-16-03* (904) 8243834

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #