

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90078 039 ***150.00

DOCUMENT # P01000057033

1. Entity Name
BRIDGES UNLIMITED, INC.



Principal Place of Business
2431 DANA DR
SAFETY HARBOR FL 34695

Mailing Address
2431 DANA DR
SAFETY HARBOR FL 34695

2. Principal Place of Business
140 SE 2ND AVE
Suite, Apt. #, etc.

3. Mailing Address
140 SE 2ND AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

4. FEI Number **59-3726503**

Applied For
Not Applicable

Zip **34429-4703** **Country** **USA**

Zip **34429-4703** **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

BRIDGES, FRANKLIN T
2431 DANA DR
SAFETY HARBOR FL 34695

Name
FRANKLIN T. BRIDGES
Street Address (P.O. Box Number is Not Acceptable)
140 SE 2ND AVE

City **CRYSTAL RIVER** **FL** **Zip Code** **34429-4703**

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 *Franklin T. Bridges*

4-19-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRIDGES, LAHONNA B**
STREET ADDRESS **2431 DANA DR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

☒ Change ☐ Addition
TITLE
NAME **140 SE 2ND AVE**
STREET ADDRESS **CRYSTAL RIVER, FL 34429-4703**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRIDGES, FRANKLIN T**
STREET ADDRESS **2431 DANA DRIVE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

☒ Change ☐ Addition
TITLE
NAME **140 SE 2ND AVE**
STREET ADDRESS **CRYSTAL RIVER, FL 34429-4703**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
NAME
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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: *Franklin T. Bridges*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 **352-563-1777**
Date **Daytime Phone #**

CR2E034 (10/02)