

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90283 003 ***150.00

0502394 AV

DOCUMENT # P02000008231

1. Entity Name

RAYMOND BRADFIELD JR., INC.



Principal Place of Business
**15640 BERTRAM DR
HUDSON FL 34667-3940**

Mailing Address
**15640 BERTRAM DR
HUDSON FL 34667-3940**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3590651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRADFIELD, RAYMOND J JR
15640 BERTRAM DR
HUDSON FL 34667-3940**

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-**ZIP**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-**ZIP**
**P/S/T/D
BRADFIELD, RAYMOND J. JR.
15640 BERTRAM DRIVE
HUDSON, FL 34667-3940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-**ZIP**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-**ZIP**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-**ZIP**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-**ZIP**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-03 (727)819-0442

Date

Daytime Phone #

CR2E034 (10/02)