

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90191 030 ***550.00

DOCUMENT # P02000040096

1. Entity Name
BRADY INVESTMENT GROUP, INC.



Principal Place of Business
8421 LUCUYA WAY
TEMPLE TERRACE FL 33637

Mailing Address
8421 LUCUYA WAY
TEMPLE TERRACE FL 33637

2. Principal Place of Business

345 Bayshore Blvd

Suite, Apt. #, etc.

#904

City & State Tampa, FL

Zip 33606

Country U.S.A.

3. Mailing Address

345 Bayshore Blvd

Suite, Apt. #, etc.

#904

City & State Tampa FL

Zip 33606

Country U.S.A.



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number 04-3637283

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRADY, JOHN P
8421 LUCUYA WAY
TEMPLE TERRACE FL 33637

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

8-26-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D ☐ **Delete**
NAME BRADY, JOHN P
STREET ADDRESS 8421 LUCUYA WAY
CITY-ST-ZIP TEMPLE TERRACE FL 33637

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

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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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

8-26-03

Date

813-781-2006

Daytime Phone #

CR2E034 (4/03)