

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 009 ***150.00

DOCUMENT # **902000052325**

1. Entity Name
BRADLEY TRANSPORT CO.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1432 WALTER ST.

3. Mailing Address
1432 WALTER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCOA, FL

City & State
COCOA, FL.

4. FEI Number
04-3665049

Applied For
Not Applicable

Zip
32926

Country

Zip
32926

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SHELIA R. BRADLEY

Street Address (P.O. Box Number is Not Acceptable)
1432 WALTER ST.

City
COCOA **FL** Zip Code
32926

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 PRESIDENT	NAME RAY A. BRADLEY, SR.	TITLE	NAME
STREET ADDRESS 1432 WALTER ST.	CITY-ST-ZIP COCOA, FL. 32926	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT	NAME SHELIA R. BRADLEY	TITLE	NAME
STREET ADDRESS 1432 WALTER ST.	CITY-ST-ZIP COCOA, FL. 32926	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelia R. Bradley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 (321) 633-4341
Date Daytime Phone #

CR2E034B (12/02)