

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90130 012 ***150.00

DOCUMENT # P02000060341

1. Entity Name
BRADSON J. HAGER, P.A.



Principal Place of Business
**15495 TAMiami TRAIL #102
NAPLES FL 34110**

Mailing Address
**15495 TAMiami TRAIL #102
NAPLES FL 34110**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
18911 S. TAMiami

Mailing Address
18911 S. TAMiami

Suite, Apt. #, etc.
TR. #12

Suite, Apt. #, etc.
TR. #12

City & State
FT. MYERS, FL.

City & State
FT. MYERS, FL.

Zip
33908

Zip
33908

4. FEI Number
02-0614373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGER, BRADSON J
15495 TAMiami TRAIL #102
NAPLES FL 34110**

7. Name and Address of New Registered Agent

BRADSON J. HAGER
Street Address (P.O. Box Number is Not Acceptable)

**18911 S. TAMiami TR. #12
FT. MYERS FL 33908**

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 **Bradson J. Hager P.A.**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
3-18-03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, BRADSON J 15495 TAMiami TRAIL #102 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, BRADSON J 18911 S. TAMiami TR. #12 FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **BRADSON J. HAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-18-03** DAYTIME PHONE # **239-770-5372**