

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90052 033 \*\*\*150.00

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**DOCUMENT # P02000074112**

1. Entity Name  
**B.R.A.D.D.Y., INC.**

(L) ✓



Principal Place of Business  
**4117 COX DRIVE  
LAND O' LAKES FL 34639**

Mailing Address  
**4117 COX DRIVE  
LAND O' LAKES FL 34639**



2. Principal Place of Business  
**B.R.A.D.D.Y., Inc.**

3. Mailing Address

Suite, Apt. #, etc.  
**4117 Cox Drive**

Suite, Apt. #, etc.  
**4117 Cox Drive**

City & State  
**Land O Lakes FL**

City & State  
**Land O Lakes FL**

☐ CHECK HERE IF MAKING CHANGES

Zip  
**34639**

Country  
**USA**

Zip  
**34639**

Country  
**USA**

4. FEI Number  
**13-4206507**

Applied For  
Not Applicable

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

**BULLARD, F. TIMOTHY C.P.A.  
5324 LAND O' LAKES BLVD.  
LAND O' LAKES FL 34639**

Name  
**Bullard, F. Timothy C.P.A.**

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

**5324 Land O Lakes Blvd.**

City  
**Land O Lakes FL** Zip Code  
**34639**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Jimmie D. Estep, II m.s.  
4117 Cox Dr. Land O Lakes  
FL 34639** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Jimmie D. Estep, II m.s.  
4117 Cox Dr. Land O Lakes,  
FL 34639** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Jimmie D. Estep, II m.s.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/03** **(813) 363-8964**  
Date Daytime Phone #

CR2E034 (4/03)