

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P23114**

1. Entity Name

BRADY DISTRIBUTING COMPANY**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90056 045 ***150.00

Principal Place of Business	Mailing Address
2708 YORKMONT RD. P O BOX 19269 CHARLOTTE NC 28219-6269 US	2708 YORKMONT RD. P O BOX 19269 CHARLOTTE NC 28219-9269 US

B0007056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FET Number 56-0852468	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, JON P.	NAME	
STREET ADDRESS	2708 YORKMONT RD.	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, R.B.	NAME	
STREET ADDRESS	2708 YORKMONT RD.	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, LARRY E.	NAME	
STREET ADDRESS	2708 YORKMONT RD.	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, JON W.	NAME	
STREET ADDRESS	2708 YORKMONT RD.	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, CHRISTOPHER B	NAME	
STREET ADDRESS	2708 YORKMONT RD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, GWENDOLYN H	NAME	
STREET ADDRESS	2708 YORKMONT RD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**LARRY E. COOKE, COO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(704) 357-6284

Daytime Phone #