

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90054 013 ***150.00

DOCUMENT # P39061

1. Entity Name
THE BRADLEY FACTOR, INC.

Principal Place of Business

POST OFFICE BOX 698
CLEVELAND TN 37364-0698

Mailing Address

POST OFFICE BOX 698
CLEVELAND TN 37364-0698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

62-1429279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, WILLIAM B.
6067 WINDHOVER
ORLANDO FL 32862

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	CAMPBELL, WILLIAM B.	
STREET ADDRESS	3830 WESTVIEW DR., NE	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	CHASE, DEAN	
STREET ADDRESS	2006 WOODCHASE WAY	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D.	<input type="checkbox"/> Delete
NAME	PRITCHARD, WESLEY	
STREET ADDRESS	3782 BOWMAN CIRCLE, NE	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	50021ST NW	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERLMAN, MARVIN	
STREET ADDRESS	506 PICTURE RIDGE DR.	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHASE, DEAN	
STREET ADDRESS	2006 WOODCHASE WAY	
CITY-ST-ZIP	CLEVELAND TN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)