FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 08, 2002 8:00 am Secretary of State P93000065728 DOCUMENT # 1. Entity Name 04-08-2002 90248 024 ***150 00 BILL & BRAD, INC. Principal Place of Business Mailing Address 4900 38TH WY SO 4900 38TH WY SO SUITE 104 SUITE 104 ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3206786 Not Applicable Zip Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIE MAC DAVIS, JR. Street Address (P.O. Box Number is Not Acceptable) 4900 38TH WAY SO 3 SUITE 104 ST PETERSBURG FL 33711 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition ☐ Delete DAVIS. WILLIE MAC JR. NAME NAME 4900 38TH WY SO SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33711 CITY-ST-ZIP DST ☐ Addition TITLE ☐ Delete TITLE Change COOPER, BRADLEY G NAME NAME STREET ADDRESS 4900 38TH WY SO SUITE 104 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33711 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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