2003 FOR PROFIT CORPORATION

Mar 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P93000065728 **DOCUMENT #** 1. Entity Name 03-13-2003 90082 032 ***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 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3206786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent -WILLIE MAC DAVIS, JR. Street Address (P.O. Box Number is Not Acceptable) 4900 38TH WAY SO SUITE 104 ST PETERSBURG FL 33711 City 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. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, WILLIE MAC JR. NAME NAME 4900 38TH WY SO SUITE 104 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP DST TITLE Delete TITLE ☐ Change Addition NAME COOPER, BRADLEY G NAME STREET ADDRESS 4900 38TH WY SO SUITE 104 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33711 CITY-ST-ZIP TITLE Delete -TITLE - Change - 🖃 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. Thereby 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 eath; 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 addres

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

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