

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90293 003 \*\*\*150.00

0416643 AV

**DOCUMENT # P94000003240**

**1. Entity Name**  
**BRAD DOREN INCORPORATED**

**Principal Place of Business**

**4312-CHEVAL BLVD**  
**LUTZ-FL 33549**

**Mailing Address**

**4312-CHEVAL-BLVD**  
**LUTZ-FL 33549**

**2. Principal Place of Business**

**28501 MATTEOTTI VIEW**

**3. Mailing Address**

**28501 MATTEOTTI VIEW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**BONITA SPRINGS, FLORIDA**

**City & State**

**BONITA SPRINGS, FLORIDA**

**Zip**

**Country**

**Zip**

**Country**

**34135**

**LEE**

**34135**

**LEE**

**4. FEI Number**

**65-0465587**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DOREN, BRAD L**  
**4312 CHEVAL BLVD**  
**LUTZ FL 33549**

**7. Name and Address of New Registered Agent**

**Name BRAD L. DOREN**

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

**28501 MATTEOTTI VIEW**

**City BONITA SPRINGS**

**FL**

**Zip Code 34135**

**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**

*Brad Doren*

*4/20/02*

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 P/T** ☐ Delete  
**NAME DOREN, BRAD L**  
**STREET ADDRESS 15710 INDIAN QUEEN DRIVE**  
**CITY-ST-ZIP ODESSA FL 33556**

**TITLE D** ☐ Delete  
**NAME DOREN, MARALEE S**  
**STREET ADDRESS 15710 INDIAN QUEEN DRIVE**  
**CITY-ST-ZIP ODESSA FL 33556**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE P/T** ☒ Change ☐ Addition  
**NAME DOREN, BRAD L**  
**STREET ADDRESS 3699 LIBERTY SQUARE**  
**CITY-ST-ZIP FT. MYERS, FL. 33908**

**TITLE D** ☒ Change ☐ Addition  
**NAME DOREN, MARALEE S**  
**STREET ADDRESS 3699 LIBERTY SQUARE**  
**CITY-ST-ZIP FT. MYERS, FL. 33908**

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

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

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

**TITLE** ☐ Change ☐ 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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/02 239-949-4466*

Date

Daytime Phone #

CR2E034 (9/01)