

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059244

1. Entity Name

BRADFORD BOTANICALS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90012 044 \*\*\*150.00

830257



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4250 BERG DR  
ZELLWOOD FL 32798

Mailing Address  
PO BOX 1210  
ZELLWOOD FL 32798-1210  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3260777** Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADFORD, EDWIN S  
308 COBLE DR  
LONGWOOD FL 32779

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 \_\_\_\_\_ (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 State**

10. 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	DP	<input type="checkbox"/> Delete
NAME	BRADFORD, EDWIN S	
STREET ADDRESS	308 COBLE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BRADFORD, KIMBERLY J	
STREET ADDRESS	308 COBLE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kimberly J. Bradford* **Kimberly J. Bradford** 3/31/00 (352) 383-9060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #