## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012183  1. Entity Name BRADFORD GRADING & DIRT SERVICE, INC.				Secretary of State 01-28-2002 90041 040 ***150.00		
Principal Place of Business Mailing Address						
215-ST RD 46 WEST GENEVA FL: 32732		POST OFFICE BOX 660741 CHULUOTA FL 32766-0741				
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2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		E0_2207000   <del>    -</del>	pplied For	
Zip Country		Zip	Country	5 Certificate of Status Desired S8.75 Ad		
	6:-Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	ed	
/#.			Name			
Young, Gerald B 250 So. Hart Road			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
GENEVA FL 32732			City	City Zip Code		
			City	FL   Zip Co.	ue .	
	named entity submits this statement for	the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating) DATE		
Tax filing requirement and elects to do so After May 1, 2002			!!! FEE IS \$150.00 l02 Fee will be \$550.0 ble to Department of	Trust Fund Contribution.	00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11	
TITLE NAME	D Young, Gerald B	☐ Delete	TITLE NAME	☐ Change	Addition 3	
STREET ADDRESS CITY-ST-ZIP	315 ST RD 46 WEST GENEVA FL 32732		STREET ADDRESS CITY-ST-ZIP		3   1	
TITLE		☐ Delete	TITLE NAME	Change	Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	- El-Ghange		
NAME		( <u></u>	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME	Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	. Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
indicated of the cor	on this report or supplemental report is	true and accurate and that rewered to execute this report	my signature shall have t : as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the the same legal effect as if made under oath; that I am an office 607, Florida Statutes; and that my name appears in Block 11 (	er or director	

SIGNATURE: SPECIAL CONTRACTOR OF THE SECOND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR