

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043069

1. Entity Name

BRADLEY COLLISION CENTER, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90091 026 \*\*\*150.00

Principal Place of Business

Mailing Address

10380 PENSACOLA BLVD.  
PENSACOLA FL 32534

10380 PENSACOLA BLVD.  
PENSACOLA FL 32534-1253

2. Principal Place of Business

3. Mailing Address

2625 Hwy 29 South  
Suite, Apt. #, etc.

2625 Hwy 29 South  
Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-3318680

Applied For

Not Applicable

Zip

32533

Country

Escambia

Zip

32533

Country

Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, MARY C  
10380 PENSACOLA BLVD.  
PENSACOLA FL 32534

7. Name and Address of New Registered Agent

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

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRADLEY, MARY C	
STREET ADDRESS	10380 PENSACOLA BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, JUDY	
STREET ADDRESS	8502 HAPPY VALLEY TR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renée Sossong	
STREET ADDRESS	45788 Sayre Drive	
CITY-ST-ZIP	Great Mills, MD 20634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary C. Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary C. Bradley

Day

4/25/00

Daytime Phone #

850-494-0057