

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90460 021 \*\*\*150.00

**DOCUMENT # P96000076617**

1. Entity Name  
**J. BRADCO, INC.**

Principal Place of Business

**423 S. FEDERAL HWY  
 STUART FL 34994  
 US**

Mailing Address

**611 S FEDERAL HWY  
 SUITE C2A  
 STUART FL 34994  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**212 SW 5th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Apt #3**

City & State

City & State

**Stuart FL**

4. FEI Number

**65-0699420**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34994**

**USA**

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

**DYTRYCH, TERRENCE F**

**2023 N FLAGLER DR**

**WEST PALM BEACH FL 33407**

Name **Terrence F. Dytrych**

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

**712 U.S. Highway One Suite 301-32**

City **North Palm Beach**

FL

Zip Code **33405**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D MILLER, PETER J II**  
 STREET ADDRESS **212 W 5TH ST APT #1**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition  
 NAME **P Peter J Miller II**  
 STREET ADDRESS **212 SW 5th St. Apt #3**  
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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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

**4.30.02 (561) 486-4219**

Date

Daytime Phone #

CR2E034 (9/01)