## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 01, 2001 8:00 am DOCUMENT # P96000083672 **Secretary of State** BRAD'S SNACK BAR, INC. 02-01-2001 90002 009 \*\*\*150.00 Principal Place of Business Mailing Address 800 EAST KENNEDY BLVD 1250 TUXFORD DRIVE A0015042 TAMPA FL 33602 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3408846 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLETON, BRADFORD R Street Address (P.O. Box Number is Not Acceptable) 800 E KENNEDY BLVD **TAMPA FL 33602** Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSD TITLE ☐ Delete TIT: F Change ☐ Addition CARLETON, BRADFORD R STREET ADDRESS STREET ADDRESS 1435 TIVERTON DR CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Addition TITLE Delete TITLE ☐ Change NAME CARLETON, REBECCA A NAME 1435 TIVERTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ☐ Delete TITLE ☐ Change 7 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

122101

813-201-0639

Daytime Phone #

FILED