

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
 05-01-2000 90465 040 \*\*\*150.00

**DOCUMENT # P97000031061**

1. Entity Name  
**BRADBURY AND DAUGHTER, INC.**

Principal Place of Business      Mailing Address  
 16637 VALLEY DR      16637 VALLEY DR  
 TAMPA FL 33618      TAMPA FL 33618-1132  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      65-0748367      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRADBURY, DANIEL M  
 16637 VALLEY DRIVE  
 TAMPA FL 33618

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.      ☐      **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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADBURY, DANIEL M		NAME		
STREET ADDRESS	16637 VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADBURY, MONIQUE		NAME		
STREET ADDRESS	16637 VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADBURY, DANIEL M		NAME		
STREET ADDRESS	16637 VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADBURY, MONIQUE		NAME		
STREET ADDRESS	16637 VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DANIEL M. BRADBURY      April 22, 2000      (813) 918-8480  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)