

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 013 ***150.00

DOCUMENT #P97000071641

1. Entity Name

BRADFORD CONSULTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 S. University Drive

3. Mailing Address

4801 S. University Drive

Suite, Apt. #, etc.

Suite 219

Suite, Apt. #, etc.

Suite 219

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33328

Country

USA

Zip

33328

Country

USA

4. FEI Number 65-0779301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Blizzard, Bradford K.

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

235 SW 113 Way

City

Pembroke Pines

FL

Zip Code
33025

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) ☐

January 1 - May 15 Fee is \$15.00

After May 15 Fee is \$550.00

Amended UBR is \$50.25

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
NAME Blizzard, B K
STREET ADDRESS 235 SW 113 Way
CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADFORD BLIZZARD

4/29/02 2544342448

Date

Daytime Phone

CR2E034B (12/01)