

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90196 049 ***158.75

DOCUMENT # P97000094375

1. Entity Name
BATHCREST OF LEE COUNTY, INC.



Principal Place of Business

618 ECHO DR
BRANDON FL 33511
US

Mailing Address

22756 CAROLINE DRIVE
ESTERO FL 33928
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0794088

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRADFORD, BARBARA L
22756 CAROLINE DRIVE
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

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

2855 TIMBER KNOLL DR.

City **VALRICO**

FL

Zip Code

33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara L. Bradford*
Signature, typed or printed name of registered agent and title, if applicable.

not necessary
BARBARA L. BRADFORD, SEC-TREAS. **1/17/03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRADFORD, JAMES D**
STREET ADDRESS **618 ECHO DR**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **ST** ☐ Delete
NAME **BRADFORD, BARBARA L**
STREET ADDRESS **22756 CAROLINE DR**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2855 TIMBER KNOLL DR.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☒ Addition
NAME **JAMES E. BRADFORD**
STREET ADDRESS **2855 TIMBER KNOLL DR**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara L. Bradford, sec-treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

813-643-9905
Daytime Phone #

CR2E034 (10/02)