

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State
 07-17-2000 90070 032 ***150.00

DOCUMENT # P98000045166

1. Entity Name

BRADLEY & REYNOLDS CUSTOM PAINTING, INC.

Principal Place of Business

10108 CONE GROVE ROAD
 RIVERVIEW FL 33569
 US

Mailing Address

10108 CONE GROVE ROAD
 RIVERVIEW FL 33569-5801
 US

2. Principal Place of Business

10108 Cone Grove Rd
 Suite, Apt. #, etc.

3. Mailing Address

10108 Cone Grove
 Suite, Apt. #, etc.
 Riverview FL

City & State

Riverview FL

City & State

Riverview FL

4. FEI Number

59-3510789

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JAMES H
 2925 STEARNS ROAD
 VALRICO FL 33594

7. Name and Address of New Registered Agent

Name Same

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 fee 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, 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

TITLE DP
 NAME REYNOLDS, JAMES H
 STREET ADDRESS 10108 CONE GROVE RD
 CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE DV
 NAME BRADLEY, MICHAEL P
 STREET ADDRESS 2925 STEARNS ROAD
 CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-00

Date

813-493-0342

Daytime Phone #

CR2E034 (9/99)

Attachment
 DT# 09800045165
 0W70032

James H Reynolds or
 Crystal A Reynolds
 PH 813-677-8421
 10108 Cone Grove Rd
 Riverdale, FL 33569

Dept of State
 Transferred and Fifth

AMSOUTH BANK
 THE RELATIONSHIP PEOPLE
 Amsouth Bank of Florida

83-466-031

0990

425.00

BALANCE FORWARD	
THIS CHECK	150.24
BALANCE	
DEPOSIT	
BALANCE FORWARD	

Please be advised
 I am putting a
 STOP PAYMENT on
 Check no# 0990
 and resubmitting a
 check, drawn on
 Business account,

00631046681: 7966183901P 0440

TAX DEDUCTIBLE