

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047490

1. Entity Name

BRADY-SANDERSON DESIGN CO., INC.

APPROVED
AND
FILED

00 JUN -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3542 FLAMINGO DR.
MIAMI BEACH FL 33140

3542 FLAMINGO DR.
MIAMI BEACH FL 33140-3923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0842241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERSON, DAVID
3542 FLAMINGO DR.
MIAMI BEACH FL 33140

Name

LEE BRADY

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

3542 FLAMINGO DR.

City

MIAMI BEACH

FL

Zip Code

33140

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

Lee Brady

6/2/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BRADY, LEE
CITY-ST-ZIP 3542 FLAMINGO DR.
MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 0000003291100--0
-06/15/00--01060--013

TITLE ☐ Delete
NAME D
STREET ADDRESS SANDERSON, DAVID
CITY-ST-ZIP 3542 FLAMINGO DR.
MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ****150.00 ☐ Change ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Brady

6/2/00

Date

305-673-2490

Daytime Phone #

Hindbank

THE BRADY-SANDERSON IMAGINATION CO.

June 2, 2000

Mr. Sean Toner
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Mr. Toner:

I am writing to ask you to forgive the usual late fee for filing my application after May 1st. The past couple of months have been exceedingly difficult for my business; there are only two employees in my corporation and all aspects of the business are tended to by David Sanderson or myself. Mr. Sanderson has in the past been the agent for the corporation, fulfilling those duties including the filing of the Uniform Business Report. However, a recent declaration of "Disability" by the Federal Courts, based on his Parkinson's Disease, has necessitated my assuming the position of agent for the corporation as well as my regular duties. Consequently, our company has been in somewhat of a turmoil.

I am asking for your understanding in this matter for this time only. I am enclosing my check for \$150 in the hope that you will do so.

Thank you.

Sincerely,

Lee J. Brady

Lee J. Brady