2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 06, 2000 8:00 am DOCUMENT # P98000099290 1. Entity Name **Secretary of State** Bradford Products, Inc. 06-06-2000 90009 009 \*\*\*150.00 Principal Place of Business Mailing Address 4801 S. University Dr. 4801 S. University Dr. Suite 219 Suite 219 660992 Ft. Lauderdale, FL Ft. Lauderdale, FL 33328 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0892612 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee\_Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Forman, Robert S. Esq. 2101 W. Commercial Blvd., Suite 4100 Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdale, FL 33309 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE D X Delete D Hanley, Timothy 4801 S. University Drive O'Donoghue, Barbara NAME NAME 4801 S. University Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33328 Ft. Lauderdale, FL 33328 ☐ Change Addition Addition TITLE □ Delete TITLE Blizzard, Bradford NAME NAME 4801 S. University Drive STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33328 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 received 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. changed or on an attachmen with a address Bradford Blizzard

Daytime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR