

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90449 028 \*\*\*150.00

DOCUMENT # P98000099290

1. Entity Name

BRADFORD PRODUCTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4801 South University Drive

Suite, Apt. #, etc.

Suite 219

City & State

Fort Lauderdale, FL

Zip 33328

Country USA

3. Mailing Address

4801 South University Drive

Suite, Apt. #, etc.

Suite 219

City & State

Fort Lauderdale, FL

Zip 33328

Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Forman, Robert S., Esq.

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

2101 W. Commercial Boulevard

Suite 4100

City

Ft. Lauderdale

FL

Zip Code

33309

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) ☐

Primary Filing Fee is \$50.00  
After May 15 Fee is \$55.00  
Amended UBR \$55.00  
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 D  
NAME Blizzard, Bradford  
STREET ADDRESS 4801 South University Drive  
CITY - ST - ZIP Fort Lauderdale, FL 33328

TITLE  
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**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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADFORD BLIZZARD 4/29/02 9544342448

Date

Daytime Phone #

CR2E034B (12/01)