2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State P98000100282 DOCUMENT # 1. Entity Name 05-01-2002 91499 044 ***150 00 BRADY DAILEY, INC. Mailing Address Principal Place of Business P.O. BOX 3011 1926 34TH AVE VERO BEACH FL 32964 VERO BEACH FL 32960 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0882248 \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired ee Required== 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAILEY, BRADY A Street Address (P.O. Box Number is Not Acceptable) 1926 34TH AVE VERO BEACH FL 32960 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME DAILEY, BRADY A STREET ADDRESS STREET ADDRESS 1926 34TH AVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 X Addition 🔝 Change STD **K** Delete TITLE TITLE STD JESSICA L. DAILEY NAME NAME KINDEL, JOYCE E 1926 34th AVE. STREET ADDRESS STREET ADDRESS 905 5TH PLACE VERO BEACH, FL. 32960 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 Change - Addition Delete____ TITLE NAME NAME[™] STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED