2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am g Secretary of State DOCUMENT # P99000031753 1. Entity Name BRADSHAW MANAGEMENT GROUP, INC. 05-22-2002 90261 021 ***150.00 Principal Place of Business Mailing Address 22051 NORTH O'BRIÉN ROAD PO BOX 3508 HOWEY-IN-THE-HILLS FL 34737 ORLANDO FL 32802-3508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3630425 Not Applicable Zip Country Zìp 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 HATCHER, STEPHEN B ESQ Street Address (P.O. Box Number is Not Acceptable) 315 E ROBINSON STREET SUITE 600 ORLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01) ☐ Delete TITLE ☐ Addition NAME BRADSHAW, CHARLES E JR NAME STREET ADDRESS 22051 NORTH O'BRIEN ROAD STREET ADDRESS CR2E034 CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HIGHTOWER, L.C. NAME STREET ADDRESS 1814 GERDA TERRACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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SIGNATURE: (

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

☐ Delete

Bradshaw, Jr. Director 4/30/02

(352) 429-4145

☐ Change

Daytime Phone #

☐ Addition