

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 007 ***150.00

0108861 AV

DOCUMENT # P99000047842

1. Entity Name
BARDWELL & SONS, INC.



Principal Place of Business
~~8918 CAMPO WAY~~
ORLANDO FL 32810

Mailing Address
~~8918 CAMPO WAY~~
ORLANDO FL 32810

2. Principal Place of Business
3105 calloway Drive
Suite, Apt. #, etc.
ORLANDO,

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

4. FEI Number **59-3576684**

Applied For
Not Applicable

Zip **32810** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BARDWELL, MICHAEL B
8918 CAMPO WAY
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **BARDWELL, MICHAEL B**
STREET ADDRESS **8918 CAMPO WAY**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ Delete
NAME **BARDWELL, MICHAEL B**
STREET ADDRESS **8918 CAMPO WAY**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **Bardwell, Michael B**
STREET ADDRESS **3105 calloway Drive**
CITY-ST-ZIP **ORLANDO, FLORIDA 32810**

TITLE **D** ☒ Change ☐ Addition
NAME **Bardwell, Michael B**
STREET ADDRESS **3105 calloway Drive**
CITY-ST-ZIP **ORLANDO, FLORIDA 32810**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael B Bardwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03
Date

321-3031522
Daytime Phone #

CP2E034 (10/02)