FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # P99000070990 01-30-2002 90141 019 ***163.75 EDWARD RILEY BRADLEY'S, INC. Principal Place of Business Mailing Address 104 CLEMATIS ST. 201 LAPUERTA WAY 80014232 WEST PALM BEACH FL 33401 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0941946 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONIGCIO, FRANK S Street Address (P.O. Box Number is Not Acceptable) 201 2A PUERTA WAY PALM BEACH FL 33480 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ٠., **SIGNATURE** (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 **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550:00~ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TRES. TITLE ☐ Delete TITLE Change ☐ Addition FRANK S. CONIGL. CONIGCIO, FRANK S NAME NAME BHISSPELL CORRECT STREET ADDRESS 201 LA PUERTA WAY STREET ADORESS PALM BEACH, FL. 33480 ADDRESS + SPECHA PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP V.P. /SECV. Change ☐ Addition **VP** GAIL L' CONIGLIO Of HISSPECIAL NAME CONICCIO, GAIL L 39 N. OCEAN BLUD. STREET ADDRESS STREET ADDRESS 201 LA PUERTA WAY PALM BEACH, FL. 33480 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 DONDRA CONIGLIO Chan 1139 NOCEAN BLUD. PALM BEACH, FL. 33480 Odition TITI F TITLE ☐ Delete VP NAME NAME REALE, MITCH STREET ADDRESS. STREET ADDRESS 104 CLEMANS ST CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Change ☐ Addition PEVERINI, JENNIFER NAME NAME STREET ADDRESS STREET ADDRESS 104 CLEMATIS ST. CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE Delete TITLE Change ☐ Addition NAME NAME NARDOLILLO, MYLENE STREET ADDRESS STREET ADDRESS 104 CLEMATIS ST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete: TITLE" ☐ Change ☐ Addition 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 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.

SIGNATURE: