

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91011 003 ***150.00

DOCUMENT # P99000081356

1. Entity Name
J & C BRADY, INC.



Principal Place of Business
**1701 GOLF OF MEXICO DR.
APT. 410
LONGBOAT KEY FL 34228**

Mailing Address
**1701 GOLF OF MEXICO DR.
APT. 410
LONGBOAT KEY FL 34228**



2. Principal Place of Business

19157 LAKE AUDUBON DR
Suite, Apt. #, etc.

3. Mailing Address

19157 LAKE AUDUBON DR
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL.

Zip
33647

Country
U.S.A.

City & State
TAMPA FL.

Zip
33647

Country
U.S.A.

4. FEI Number **59-3599160**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRADY, JOHN W
1701 GOLF OF MEXICO DR.
APT. 410
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

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

19157 LAKE AUDUBON DR.

City **TAMPA**

FL

Zip Code **33647**

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 **D** ☐ Delete
NAME **BRADY, JOHN W**
STREET ADDRESS **1701 GOLF OF MEXICO DR., APT. 410**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete
NAME **BRADY, CAROL J**
STREET ADDRESS **1701 GOLF OF MEXICO DR., APT. 410**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **19157 LAKE AUDUBON DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **19157 LAKE AUDUBON DR**
CITY-ST-ZIP **TAMPA FL 33647**

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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:

JOHN W. BRADY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)