

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90361 031 \*\*\*150.00

05198303 AV

DOCUMENT # **P99000090532**

1. Entity Name  
**BRAEDEN ALUMINUM & SHUTTER FABRICATION INC.**



Principal Place of Business  
**8093 ANHINGA ROAD  
FT. MYERS FL 33912**

Mailing Address  
**8093 ANHINGA ROAD  
FT. MYERS FL 33912**

2. Principal Place of Business  
**8093 ANHINGA RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**8093 ANHINGA RD**  
Suite, Apt. #, etc.

City & State  
**FT. MYERS FL**

City & State  
**FT. MYERS, FL**

4. FEI Number **65-1010851**

Applied For  
Not Applicable

Zip **33912** Country **USA**

Zip **33912** Country **USA**

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**BRADFORD, SHERRI M  
8093 ANHINGA ROAD  
FT. MYERS FL 33912**

**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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRADFORD, SHERRI</b>	
STREET ADDRESS	<b>8093 ANHINGA ROAD</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BRADFORD, JOHN</b>	
STREET ADDRESS	<b>8093 ANHINGA ROAD</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEEKS, JASON</b>	
STREET ADDRESS	<b>18425 HOLLY RD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARK WAMESTER</b>	
STREET ADDRESS	<b>8276 WREN RD</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33912</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK WAMESTER</b>	
STREET ADDRESS	<b>8276 WREN RD</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33912</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY GETCHEN</b>	
STREET ADDRESS	<b>19724 CROCIUS DR</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33912</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Bradford** **JOHN BRADFORD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03** **2393402190**  
Date Daytime Phone #

CR2E034 (10/02)