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BRADFO	RD LAND COMPANY	, T	F				Secretar 05-17-2000 909			
Principal Plac	ce of Business	Mailing Address	` .				00 17 2000 903		150.00	
		4901 LOWELL ROAD TAMPA FL 33624								
2. Principal F	Place of Business	3. Mailing Address		_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE IN THE	S SPACE		
City & State		City & State	City & State			4. FEI Number 59-365 1910				
Zip	Country	Zip	Coun	try			Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		<u> </u>	7. 1	Name and A	ddress of New Registere			
				Name		_				
	DING, GARY G	·	~	Street Add	ress (P.O. B	ox Number	s Not Acceptable)			
	1 LOWELL-ROAD									
1747	II VI F Aggr.	`		City			<u> </u>	Zip Cod	e	
				<u> </u>				<u>- 1 </u>		
8. The above	a named entity submits this statement fo	r the purpose of changing it	s register	ed office or re	gistered ag	ent, or both,	in the State of Florida.			
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agent signature	required when re	einstating)	DATI	<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
(See crite				will be \$556	0.00					
•		Make Check Pays		will be \$556	0.00 of State	Trust	Fund Contribution. HANGES TO OFFICERS A	☐ Added	I to Fees S IN 11	
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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 cath; 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 impowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HANTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-28-00

813 962-3000

☐ Change

☐ Addition