FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$44906 1. Esjity Name. RONALD L. BRADBURY PLUMBING CO., INC.						Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90166 019 ***150.00				
Principal Place 3008 LIONS (KISSIMMEE F US		Mailing Address 3008 LIONS COURT KISSIMMEE FL 34744 US				1 188 188 1 1 1 8 1 1 1 8	EJO (EU)) BENJE BIKI DIG	II 2 3 4 11 213 15 454 15	ALAH BUDU TAN	
2. Principal I	Place of Business	3. Mailing Address								
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			4. F	4. FEI Number 59-3071565 Applied For Not Applied by				
Zip Country		Zip	itry	5. Certificate of Status Desired S8.75		\$8.75 Ac				
	6. Name and Address of Current	 			7. N	lame and Address	of New Registers	· · · · · · · · · · · · · · · · · · ·	- Gu	
			<u>.g</u>		ne					
4516 YOF	RY, RONALD RKSHIRE LN			Street A	ddress (P.O. B	ox Number is Not A	cceptable)			
KISSIMME	EE FL: 34758			City				Zip Co	de	
	a named entity submits this statement for				<u> </u>		<u>-</u>			
Tax filing	Signature, typed or printed name of registered agent or oration is eligible to satisfy its Intangible requirement and elects to do so.	1	/!!! FEE	IS \$150.		instating) 10. Election Carr Trust Fund C		\$5.0	00 May Be	
(See crite	ria on back)	Make Check Paya	ble to De	epartmen	t of State	114511 414 0	ontribation:	Adde	0 10 1003	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRADBURY, RONALD L 4516 YORKSHIRE LN KISSIMMEE FL	, □ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV BRADBURY, CATHERINE A 4516 YORKSHIRE LN KISSIMMEE FL	Delete	Delete TITLI NAM STRE			Change			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADBURY, GALE R 334 WALNUT VERSAILLES IL 62378	Delete		E E ET ADDRESS -ST-ZIP	334 M	ny Gale alnut illes Ille	R.	Change Dejet	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	;	VISA	11163 <u>J. W.</u>	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
	a hi avida Konace pa	□ Delete	•					☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address	true and accurate and that wered to execute this repor	my signat t as requi	ure shall h	ave the same le	egal effect as if mad la Statutes; and that	le under oath; tha	t I am an office rs in Block 11 c	er or director or Block 12 if	

SIGNATURE:

OTHER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

01 | D8 | D2 407-847-797