

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90157 015 ***150.00

DOCUMENT # S44906

1. Entity Name
RONALD L. BRADBURY PLUMBING CO., INC.



Principal Place of Business
**3008 LIONS COURT
KISSIMMEE FL 34744
US**

Mailing Address
**3008 LIONS COURT
KISSIMMEE FL 34744
US**



2. Principal Place of Business
1692 Dolores Drive
Suite, Apt. #, etc.

3. Mailing Address
1692 Dolores Drive
Suite, Apt. #, etc.

← ☒ CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, Florida
Zip
34746 Country
Osceola

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Kissimmee, Florida
Zip
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4. FEI Number **59-3071565**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRADBURY, RONALD
4516 YORKSHIRE LN
KISSIMMEE FL 34758**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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  (CB)
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 NAME STREET ADDRESS CITY-ST-ZIP | DP BRADBURY, RONALD L 4516 YORKSHIRE LN KISSIMMEE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSTV BRADBURY, CATHERINE A 4516 YORKSHIRE LN KISSIMMEE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/03 407-847-7973
Date Daytime Phone #

CR2E034 (10/02)

Attachment 70001379
544904

I signed line ⑧ by
mistake so I crossed out
and initialed.

If you need me to fill out
a different application please mail
to me and I will fill out another.

Thank-You
Catherine Bradbury

1/4/03