

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90167 012 ***558.75

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DOCUMENT # F02000001357

1. Entity Name

BRADFORD BROTHERS, INCORPORATED



Principal Place of Business
**11712 STATESVILLE ROAD
HUNTERSVILLE NC 28078**

Mailing Address
**P.O. BOX 3118
HUNTERSVILLE NC 28070**

30192189



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0861169

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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	P <input type="checkbox"/> Delete
NAME	BRADFORD, CECIL D III
STREET ADDRESS	11712 STATESVILLE ROAD
CITY-ST-ZIP	HUNTERSVILLE NC 28078
TITLE	V <input type="checkbox"/> Delete
NAME	BRADFORD, SMITH C
STREET ADDRESS	11712 STATESVILLE ROAD
CITY-ST-ZIP	HUNTERSVILLE NC 28078
TITLE	S <input type="checkbox"/> Delete
NAME	BRADFORD, WILLIAM O JR.
STREET ADDRESS	11712 STATESVILLE ROAD
CITY-ST-ZIP	HUNTERSVILLE NC 28078
TITLE	V <input type="checkbox"/> Delete
NAME	BRADFORD, ROSS M
STREET ADDRESS	11712 STATESVILLE ROAD
CITY-ST-ZIP	HUNTERSVILLE NC 28078
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT E. Rushing
STREET ADDRESS	11712 Statesville Rd
CITY-ST-ZIP	Huntersville, NC 28078
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	
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: SCOTT E. RUSHING **REQUIRED** Scott E. Rushing 07-07-2003 704 875-1341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)