

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000047461**

1. Entity Name

**B.A.D. ASSOCIATES, INC.****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90021 050 \*\*\*150.00

Principal Place of Business <b>9717 SW SCORY LN STUART FL 34997 US</b>	Mailing Address <b>9717 SW SCORY LN STUART FL 34997-8917 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0518065</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DUBREE, ROBERT H SR 9717 SW SCORY LN STUART FL 34997</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DUBREE, BARBARAANNE 9717 SW SCORY LN STUART FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DUBREE, ROBERT H SR 9717 SW SCORY LN STUART FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****Robert H. Dubree Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**12/28/99**  
Date**581-219-8687**  
Daytime Phone #