

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90184 015 \*\*\*\*61.25

00347

**DOCUMENT # NO1000003325**

1. Entity Name

**B.A.D.D., INC.**



Principal Place of Business

**5040 N.E. 13TH AVE  
OAKLAND PARK FL 33334**

Mailing Address

**5040 N.E. 13TH AVE  
OAKLAND PARK FL 33334**

2. Principal Place of Business

3. Mailing Address

**5854 NW 65th Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Parkland, Florida**

4. FEI Number **65-1101730**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33067**

**Broward**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**THOMAS, SCOTT  
5854 N.W. 65TH TERR.  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DOCKTOR, GREGG M</b>	
STREET ADDRESS	<b>5040 NE 13TH AVE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DOCKTOR, DAWN</b>	
STREET ADDRESS	<b>5040 NE 13TH AVE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, SCOTT</b>	
STREET ADDRESS	<b>5854 NW 65TH TERR.</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CATRONIO, RON</b>	
STREET ADDRESS	<b>5237 N.W. 98TH LANE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" 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 617, 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 Thomas* **SIGNATURE REQUIRED (Scott Thomas)** 1/20/03 (954) 345-2990

CR2E037 (10/02)