

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90036 032 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N01261
1. Entity Name BUSTING ATTITUDE BARRIERS THRU INVOLVEMENT, INC.

Principal Place of Business 12933-81 AVENUE NORTH SEMINOLE FL 33776 US	Mailing Address 12933-81 AVENUE NORTH SEMINOLE FL 33776 US
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2. Principal Place of Business 12933 - 81 AVE. N Suite, Apt. #, etc.	3. Mailing Address 12933 81 AVE N Suite, Apt. #, etc.
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City & State SEMINOLE FL	City & State SEMINOLE FL
Zip 33776	Country PINELLAS

4. FEI Number 59-2391046	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DANGLER, HAROLD F. 12933 - 81ST AVE. N. SEMINOLE FL

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME DANGLER, HAROLD F.	TITLE	NAME
STREET ADDRESS 12933 - 81ST AVE., N	CITY-ST-ZIP SEMINOLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME KATHERINE, HUDSON	TITLE	NAME
STREET ADDRESS 11433- 84TH AVE N	CITY-ST-ZIP SEMINOLE FL 33772	STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME COOK, JOAN	TITLE	NAME
STREET ADDRESS 10792 64TH AVENUE N.	CITY-ST-ZIP SEMINOLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME DANGLER, DORIS	TITLE	NAME
STREET ADDRESS 12933 - 81ST AVE. N	CITY-ST-ZIP SEMINOLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME HUDON, LONNY L.	TITLE	NAME
STREET ADDRESS 11433 8TH AVE. N.	CITY-ST-ZIP SEMINOLE FL 33776	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME COOK, THOMAS	TITLE	NAME
STREET ADDRESS 10792 64TH AVENUE N.	CITY-ST-ZIP SEMINOLE FL	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: <i>Harold F. Dangler</i> HAROLD F. DANGLER	1-5-01 - 727-392-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E037 (10/00)