

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90074 001 ****70.00

DOCUMENT # N01261

1. Entity Name

BUSTING ATTITUDE BARRIERS THRU INVOLVEMENT, INC.

Principal Place of Business

Mailing Address

**12933-81 AVENUE NORTH
 SEMINOLE FL 33776
 US**

**12933-81 AVENUE NORTH
 SEMINOLE FL 33776
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2391046

Applied For

Not Applicable

5. Certificate of Status Desired

7

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANGLER, HAROLD F.
 12933 - 81ST AVE. N.
 SEMINOLE FL**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **DANGLER, HAROLD F.**
 STREET ADDRESS **12933 - 81ST AVE., N**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **VP** ☐ Delete
 NAME **KATHERINE, HUDSON**
 STREET ADDRESS **11433- 84TH AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **SD** ☐ Delete
 NAME **COOK, JOAN**
 STREET ADDRESS **10792 64TH AVENUE N.**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **TD** ☐ Delete
 NAME **DANGLER, DORIS**
 STREET ADDRESS **12933 - 81ST AVE. N**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **VP** ☐ Delete
 NAME **HUDON, LONNY L.**
 STREET ADDRESS **11433 8TH AVE. N.**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **VP** ☒ Delete
 NAME **COOK, THOMAS**
 STREET ADDRESS **10792 64TH AVENUE N.**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**THOMAS COOK
 IS
 DECEASED**

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:

DORIS DANGLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

727-392-2448

Date

Daytime Phone #

CR2E037 (9/01)