

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002094**

1. Entity Name

HURT B.A.D.D., INC.

Principal Place of Business

**677 CARIBBEAN RD.
SATELLITE BEACH FL 32937-4028**

Mailing Address

**677 CARIBBEAN RD.
SATELLITE BEACH FL 32937-4028**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3179586

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARTMANN, JUNE
677 CARIBBEAN RD.
SATELLITE BEACH FL 32937-4028**

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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HARTMANN, JUNE
677 CARIBBEAN RD.
SATELLITE BEACH FL 32937-4028** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
FLAGG, SALLY
311 ELLIOT ST.
SOUTH NATICK MA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KADUSHY, ED
1222 SEMINOLE STREET
INDIAN HARBOR BEACH FL 32934** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LEAR, DONALD
1024 PARK DR. #4
INDIAN HARBOR BEACH FL 32937** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WATERS, BRUCE
1934 QUAIL TRAIL
MELBOURNE FL 32935** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Donald Lear*

4-30-01 (321779 82-7)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90088 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)