

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91447 037 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES



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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Signature Required

4-25-03 (34) TM 8707

CR2E037 (10/02)