

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000032777

FILED
Apr 24, 2003
Secretary of State

Entity Name: BAD MOTORSCOOTER INC.

Current Principal Place of Business:

5816 CLOVER LANE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

5889 AIRPORT RD
1325
PORT ORANGE, FL 32128 US

Current Mailing Address:

5816 CLOVER LANE
PORT ORANGE, FL 32127 US

New Mailing Address:

5889 AIRPORT RD.
1325
PORT ORANGE, FL 32128 US

FEI Number: 59-3706509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBANESE, ROBERT J
5816 CLOVER LANE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBANESE, ROBERT J
Address: 5816 CLOVER LANE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: V () Delete
Name: MERRILL, ROBERT A
Address: 126 ARBOR LANE
City-St-Zip: EDGEWATER, FL 32141 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: ALBANESE, SUSAN M
Address: 5816 CLOVER LA
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P () Change (X) Addition
Name: ALBANESE, ROBERT J
Address: 5816 CLOVER LA.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P () Change (X) Addition
Name: ALBANESE, ROBERT J
Address: 5816 CLOVER LA.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P () Change (X) Addition
Name: ALBANESE, ROBERT J
Address: 5816 CLOVER LA.
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ALBANESE

P

04/24/2003

Electronic Signature of Signing Officer or Director

_____ Date