

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000089274

1. Entity Name

BATTERY ZONE FL. & SA INC.



04 JAN 27 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
26 GATESHEAD DR

3. Mailing Address
20856 N RAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRIDGEWATER, NJ

City & State
BARRINGTON IL

4. FEI Number
36-4466464

Applied For
Not Applicable

Zip
08807

Country

Zip
60010

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ELTON BABBITT

Street Address (P.O. Box Number is Not Acceptable)

1201 PINEDALE DR

City
PLANT CITY

FL

Zip Code
33566

**DO NOT WRITE
IN THIS SPACE**

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

Elton Babbitt

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/20/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P/S/T/D
TERRI SAPP
STREET ADDRESS
26 GATESHEAD DR
CITY-ST-ZIP
BRIDGEWATER, NJ 08807

TITLE
NAME
700028003507
STREET ADDRESS
02/02/04-01031-002 **1050.00
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terri Sapp

TERRI SAPP

SIGNATURE AND TYPED

NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/20/04 47326525270

CR2034B (12/02)