

2002 UNIFORM BUSINESS REPORT (UBR)

0006977 AV

DOCUMENT # P01000093055

1. Entity Name
B.A.D. COMPANY

FILED

02 JUL 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5011 NW 34TH ST.
GAINESVILLE FL 32605

Mailing Address
5011 NW 34TH ST.
GAINESVILLE FL 32605



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3755447

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSSEN, DARREN D
5011 NW 34TH ST.
GAINESVILLE FL 32605

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ALLRED, WILLIAM P
STREET ADDRESS 5011 NW 34TH ST.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE owner ☒ Change ☒ Addition
NAME Darren Hussien
STREET ADDRESS 5011 NW 34TH ST
CITY-ST-ZIP Gainesville FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600006914636--7
STREET ADDRESS -08/06/02--01040--023
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/02 (352)
336-4441

CR2E034 (4/02)

Attachment

July 23, 2002

#PO 1000093055

To Whom It May Concern:

I have recently received information stating that I am overdue to renew my corporation name. I am relatively new to small business operations and was unaware of this yearly requirement. I apologize for my delinquency and ask that you will accept the enclosed original fee and waive the late fee. Thank you.

Sincerely,



Darren Hussien
B.A.D. Company

Per of
Stake
TOS