

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90030 043 ***150.00

DOCUMENT # P01000103575

1. Entity Name
BADGER ENTERPRISES, INC.

Principal Place of Business
2560 GREENBRIAR BLVD
WELLINGTON FL 33414

Mailing Address
2560 GREENBRIAR BLVD
WELLINGTON FL 33414

2. Principal Place of Business

13889 WELLINGTON TRACE A14
 Suite, Apt. #, etc.

3. Mailing Address

2560 GREENBRIAR BLVD
 Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number **65-1143591**

Applied For
Not Applicable

Zip **33414** **Country** **USA**

Zip **33414** **Country** **USA**

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

6. Name and Address of Current Registered Agent

MAUSTELLER-BADGER, JILL Y
2560 GREENBRIAR BLVD
WELLINGTON FL 33414

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** _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MAUSTELLER-BADGER, JILL Y	2560 GREENBRIAR BLVD	WELLINGTON FL 33414	<input type="checkbox"/>
V	BADGER, ROSAIRE	2560 GREENBRIAR BLVD	WELLINGTON FL 33414	<input type="checkbox"/>
S	ALONSO, LUIS M	2560 GREENBRIAR BLVD	WELLINGTON FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information empowered.

SIGNATURE: *[Signature]* **V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 **815/511791/7996**
 Date Daytime Phone #

CR2E034 (9/01)