

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90149 026 ***150.00

0013630 AT

DOCUMENT # P01000118266

1. Entity Name
BADA BING SPORTS, INC.

Principal Place of Business
 13601 PARK CREST BLVD.
 SUITE 1331
 FORT MYERS FL 33912

Mailing Address
 13601 PARK CREST BLVD.
 SUITE 1331
 FORT MYERS FL 33912

2. Principal Place of Business
 14531 SHEERBROOK PI
 Suite, Apt. #, etc.
 205

3. Mailing Address
 14531 SHEERBROOK PI
 Suite, Apt. #, etc.
 205

City & State
 FT MYERS FLA

City & State
 FT MYERS FLA

4. FEI Number
 030406431

Applied For
 Not Applicable

Zip
 33912

Country
 US

Zip
 33912

Country
 US

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

PASQUALE, JOSEPH
 13601 PARK CREST BLVD.
 SUITE 1331
 FORT MYERS FL 33912

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASQUALE, JOSEPH 13601 PARK CREST BLVD. #1331 FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIG. JOSEPH C. PASQUALE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

941 225-1183
 Daytime Phone #

CR2E034 (9/01)