


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # <u>P02000042839</u>	
1. Entity Name <u>Bad Boyz, Inc</u>	

03 NOV -3 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800024375258
11/03/03--01032--007 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>475 E. Edw Gallie Blvd</u>	3. Mailing Address <u>475 E. Edw Gallie Blvd</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Indian Harbour Beach FL</u>	City & State <u>Indian Harbour Beach FL</u>
Zip <u>32937</u>	Zip <u>32937</u>
Country <u>Brevard</u>	Country <u>Brevard</u>

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
Name <u>James E. Hollis</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>475 E. Edw Gallie Blvd</u>			
City <u>Indian Harbour Beach</u>		FL	Zip Code <u>32937</u>

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]

10/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>James E. Hollis</u> <u>475 E. Edw Gallie Blvd</u> <u>Indian Harbour Beach FL 32937</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: [Signature]

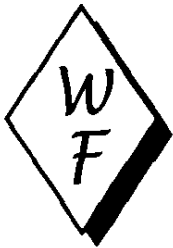
10/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



ACCOUNTING

October 28, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: BAD BOYZ, INC.
Document # P02000042839

To Whom It May Concern:

Our client mentioned above, had their Corporation administratively dissolved on September 19, 2003 for failing to file a Uniform Business Report. They never received an original or a second notice. They have corrected their address so this will not happen in the future and everything will be filed in a timely matter.

We respectfully request that their Corporation be reinstated without additional fees. Therefore, please find enclosed a Uniform Business Report, along with a check for \$ 150.00.

Thank you for your cooperation in resolving this matter.

Sincerely,

Tammy Adams

RECEIVED
OCT 29 2003
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314