2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000085041 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State



1. Entity Name BADU COMMERCIAL PROPERTIES, INC.			03-17-2003 90716 046 ***158.75
Principal Place of Business 2008 TANGLEWOOD WAY NE ST PETERSBURG FL 33702	Mailing Address 2008 TANGLEWOOD WAY ST PETERSBURG FL 3370		T INDIVIDUAL THE NAME AND
2. Principal Place of Business 742 2nd Avenue South Suite, Apt. #, etc.	3. Mailing Address 742 2 4 Suite, Apt. #, etc.	benne Sou	CHECK HERE IF MAKING CHANGES
St. Petersburg FL	St. Peters bu	vg FL	4. FE! Number Applied For Not Applicable
Zip Country 3 3 7 9 1 6. Name and Address of Curren	Zip 33701	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
GLADSTONE, LISA 2008 TANGLEWOOD WAY NE ST PETERSBURG FL 33702 Street Address (P.O. Box Number is Not Acceptable) 3 42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
8. The above named entity submits this statement for the purpose 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 application. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE D GLADSTONE, LISA STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CLADS TONE, LISA 742 2-L AVENUE South ST. Petersburg PL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RICHTER, KATHY 2008 TANGLEWOOD WAY NE ST PETERSBURG FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHTER, Kathy Schange Addition 742 2nd Avenue South St. Petersburg FL 33701
TITLE NAME STREET ADDRESS CITY-ST_ZIP	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 truster empewered to exerc to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching in the property of truster empewered to exerc to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching in the property of the proposed in the property of the

SIGNATURE:

Daytime Phone #

CR2E034 (10/02)