

DOCUMENT # P93000056497

1. Entity Name

BAD BUSINESS VENTURES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90033 045 \*\*\*150.00

Principal Place of Business      Mailing Address  
 629 HOWARD AVENUE      629 HOWARD AVENUE  
 LAKELAND FL 33801      LAKELAND FL 33815-3406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3213194</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCALES, EDWIN A 202 EAST WALNUT STREET LAKELAND FL 33801		Name <b>DAVE HALLOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>ONE LAKE MORTON DRIVE</b> City <b>LAKELAND</b> FL <b>33802</b>	

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, 2000 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	<b>D</b> <b>DIMOTTA, EDWARD E</b> <b>629 HOWARD AVE</b> <b>LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dimotta, Edward E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3618 ASHLING DRIVE</b> <b>LAKELAND, FL. 33803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLANTON, STEVEN E</b> <b>629 HOWARD AVENUE</b> <b>LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIMOTTA, SEAN M</b> <b>6988 HAYTER DR.</b> <b>LAKELAND</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:

*Steven E. Blanton* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/00*  
 Date

*941-359-6605*  
 Daytime Phone #