

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021022

1. Entity Name

BADGER BOOKS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90099 016 ***150.00

Principal Place of Business

Mailing Address

17141 CYPRESS CREEK DR
N FT MYERS FL 33917-3741

17141 CYPRESS CREEK DR
N FT MYERS FL 33917-3741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0480601

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARBIENER, CHARLES F
5245 BIG PINE WAY
SUITE 103
FT MYERS FL 33907

Name

RUTH A. LOUBIER, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

5245 BIG PINE WAY, SUITE 101

City

FORT MYERS

FL

Zip Code
33907

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 RUTH A. LOUBIER, CPA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 7, 2000

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 PD ☐ Delete
NAME BADGER, KENNETH L
STREET ADDRESS 17141 CYPRESS CREEK DR
CITY-ST-ZIP N FT MYERS FL 33917-3741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BADGER, CAROLE J
STREET ADDRESS 17141 CYPRESS CREEK DR
CITY-ST-ZIP N FT MYERS FL 33917-3741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Carole Badger Carole Badger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

941-939-1181

Daytime Phone #

CR2E034 (9/99)