

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079371

1. Entity Name

BAD PROPERTIES, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90023 048 ***150.00

Principal Place of Business

Mailing Address

906 N MONROE ST
TALLAHASSEE FL 32303

906 N MONROE ST
TALLAHASSEE FL 32303

2. Principal Place of Business

346 OFFICE PLAZA DR.

3. Mailing Address

346 OFFICE PLAZA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3330489

Applied For

Not Applicable

Zip

32301-2730

Country

Zip

32301-2730

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

DYE, DON D

317 E. CALL STREET

TALLAHASSEE FL 32301

Name

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

236 E. 5th Avenue

Tallahassee

FL

Zip Code

32303

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, 2001 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 ☐ Delete

D
DYE, DON D
317 E. CALL STREET
TALLAHASSEE FL 32301

TITLE ☒ Change ☐ Addition

236 E. 5th Avenue
Tallahassee, FL 32303

TITLE ☐ Delete

D
BOUTIN, N. RICHARD JR.
906 N. MONROE ST.
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition

346 Office Plaza Drive
Tallahassee, FL 32301

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

850-681-6332

Date

Daytime Phone #

CR2E034 (10/00)