

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076250

1. Entity Name

BADGER CONSTRUCTION, INC.

Principal Place of Business

18902 BROOKER CREEK DR  
ODESSA FL 33556

Mailing Address

18902 BROOKER CREEK DR  
ODESSA FL 33556-5204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYER, CHRISTINE A  
1167 SUEMAR ROAD  
DUNEDIN FL 34698

Name

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

City

FL

Zip Code

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

*Christine Lindsey*

*Christine Lindsey*

*4-25-00*

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

(NOTE: Registered Agent signature required when resigning)

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	VP	<input type="checkbox"/> Delete
NAME	LINSEY, CHRISTINE	
STREET ADDRESS	18902 BROOKER CREEK DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINSEY, BRADLEY S	
STREET ADDRESS	18902 BROOKER CREEK DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Christine Lindsey*

*Christine Lindsey*

Date

Daytime Phone #

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90307 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3333345

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

CR2E034 (9/99)

727-556-0270