

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095581

1. Entity Name

BAD BOY BEEPERS, INC.

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

04-27-2000 90122 023 ***150.00

Principal Place of Business

Mailing Address

922 HAVENDALE BLVD.
SPRING LAKE SQUARE
WINTER HAVEN FL 33881
US

922 HAVENDALE BLVD.
SPRING LAKE SQUARE
WINTER HAVEN FL 33881-1353
US

2. Principal Place of Business

3. Mailing Address

922 Spring Lake Square
Suite, Apt. #, etc.

922 Spring Lake Square
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Winter Haven FL

Winter Haven FL

Zip

Country

33881

Polk

Zip

Country

33881

Polk

4. FEI Number

59-2477857

Applied For

Not Applicable

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

MCKIBBEN, JEFF J ESQ
106 S. 5TH AVENUE
SUITE B
WAUCHULA FL 33873

Name

Carol Ketchum

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

922 Spring Lake Square

City

Winter Haven

FL

Zip Code

33881

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 PD
NAME KETCHUM, MARK
STREET ADDRESS 526 SHALISA BLVD
CITY-ST-ZIP AUBURNDAL FL 33823

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME KETCHUM, CAROL
STREET ADDRESS P.O. BOX 1602 102 Bloodhound Trl.
CITY-ST-ZIP AUBURNDAL FL 33823

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/00 863 298-0366

CR2E034 (9/99)