

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90014 030 ***158.75

0079091

DOCUMENT # P98000021696

1. Entity Name

BAD BIRD ENTERPRISES, INC.

Principal Place of Business

**1109 DIXON BLVD.
 COCOA FL 32922**

Mailing Address

**1109 DIXON BLVD.
 COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3519125**

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

**BOURDEAU, JOHN EDWARD JR.
 1109 DIXON BLVD.
 COCOA FL 32922**

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

JOHN E BOURDEAU JR. president

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

(NOTE: Registered Agent signature required when reinstating)

3-25-2001

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	D	<input type="checkbox"/> Delete
NAME	BOURDEAU, JOHN EDWARD JR.	
STREET ADDRESS	1109 DIXON BLVD.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, JOHN E	
STREET ADDRESS	8200 RIDGEWOOD AVE. APT. B	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EGERT, STEVEN W	
STREET ADDRESS	2511 COCONUT DR.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOATLY, ROBERT L	
STREET ADDRESS	2511 COCONUT DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOREY, DENNIS	
STREET ADDRESS	2511 COCONUT DR.	
CITY-ST-ZIP	COCOA FL 32926	
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	ROBERT H. FOSTER JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	321 SO. BANANA BLVD	
STREET ADDRESS	COCOA BEACH FL 32921-3300	
CITY-ST-ZIP		
TITLE	TRAVIS G. SHAFER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2511 COCONUT DR	
STREET ADDRESS	COCOA FL 32926	
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		

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:

JOHN E BOURDEAU JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-2001 321 6988926

CR2E034 (10/00)