## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

1. Entity Name 198000105/12				05-13-2002 90094 006 ***150.00				
BADGER'S GENER	AL STORE	INC.						
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business  8021 CORTEZ BIVI  Suite, Apt. #, etc.	3. Mailing Address  002/ Suite, Apt. #, etc.	ORTEZBI	-v).	DO NOT WRITI	E IN THIS SP	ACE		
SPRING HILL FL	City & State	4. FEI Number	-355	0070	Applied For Not Applicable	]		
34607 85 A	34607	Country U.5A	5. Certificate of		□ \$8	8.75 Additional se Required	1	
	•		7. Name and Add			<del>-</del>		
DO NOT WE	)ITC	Name L	PURIE Y	I. CAI	RIEK	/ <b>-</b>	=	
DO NOT WE	Street Addres	Street Address (P.O. Box Number is Not Acceptable)  7925 CHAUCER DR.						
IN THIS SPA	79							
		City SP	RING Hi	11	FL	Zip 500 4607	<i>;</i>	
8. The above named entity submits this statement for the	ne purpose of changing its re					97801	-	
SIGNATURE			tered agent, or both, t	Tine State of FIGH	ua.			
Signature, typed or printed name of registered agent and	title if applicable. (NOTE: f	Registered Agent signature requ	red when reinstating)	=	DATE			
Tax filing requirement and elects to do so.  After May 1, I		y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 to Department of S	Trust F	n Campaign Finar und Contribution.	ncing	\$5.00 May Be Added to Fees	-	
11. OFFICERS AND DI			<u> </u>		<del></del>		1	
TITLE NAME  STREET ADDRESS  7/25 CHAUCER DR.		TITLE NAME STREET ADDRESS					334B (12/01)	
CITY-ST-ZIP JPRING HILL FL 34607		CITY-ST-ZIP				-	348	

TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS 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 1 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

LAURIE J. CARTER 4/25/02 352597-6762