2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

0343547 AV

DOCUMENT # V36511

1. Entity Name
BAD TIMES TWO, INC.

Principal Place of Business	Mailing Address
5881 N W 14TH COURT	5881 N W 14TH COURT
SUNRISE FL 33313	SUNRISE FL 33313
US	US

2. Principal Place of Business
511 SW 38 ST.
Suite, Apt. #, etc.
OCALA, FL
City & State
34474
Zip   Country

3. Mailing Address
511 SW 38 ST
Suite, Apt. #, etc.
OCALA FL
City & State
34474
Zip   Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0332800 | Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

FILE NOW!!! FEE IS $150.00

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TORPEY, ROBERT E JR.	Name
5881 N W 14TH COURT	Street Address (P.O. Box Number is Not Acceptable)
SUNRISE FL 33313	511 SW 38 ST
	City OCALA FL Zip Code 34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Robert E. Torpey, JR   4-10-03
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	TORPEY, ROBERT E. JR.		NAME	511 SW 38 ST	
STREET ADDRESS	5881 N W 14TH COURT		STREET ADDRESS	OCALA, FL 34474	
CITY-ST-ZIP	SUNRISE FL 33313		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	TORPEY, BARBARA M.		NAME	511 SW 38 ST	
STREET ADDRESS	5881 NW 14 CT		STREET ADDRESS	OCALA, FL 34474	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (1/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED   Robert E. Torpey JR   4-10-03   295-3745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #