

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90094 011 ***150.00

REG-0019 1/02

DOCUMENT # F02000004515



1. Entity Name
BATTERIES & BANDS, INC.

Principal Place of Business
9466 SO. 670 WEST. UNIT A
SANDY UT 84070

Mailing Address
9466 SO. 670 WEST. UNIT A
SANDY UT 84070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0649725**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

SIGNATURE _____ (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	PSC	<input type="checkbox"/> Delete
NAME	WADDOUPS, DOUGLAS C	
STREET ADDRESS	9466 SO. 670 WEST, UNIT A	
CITY-ST-ZIP	SANDY UT 84070	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FRAGA, ROBERTO DARIO	
STREET ADDRESS	1233 EAST WILD HAY LN	
CITY-ST-ZIP	DRAPER UT 84020	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAGA, HUGA R	
STREET ADDRESS	1194 EAST HAWBERRY CR	
CITY-ST-ZIP	DRAPER UT 84020	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCO, RODOLFO	
STREET ADDRESS	1204 E HAWBERRY CR	
CITY-ST-ZIP	DRAPER UT 84020	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 recipient of the fee 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: WADOUPS DATE: 1/19/03 DAYTIME PHONE #: 801-563-1057

CR2E034 (10/02)