

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90187 014 ***150.00

DOCUMENT # 179254



1. Entity Name
BATEMAN, GORDON & SANDS, INC.

Principal Place of Business
**2413 E ATLANTIC BLVD
POMPANO BEACH FL 33062
US**

Mailing Address
**P O BOX 1270
POMPANO BEACH FL 33061
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0715027**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SANDS, J., LARRY
405 NE 2ND ST
POMPANO BEACH FL 33060**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete
NAME	WHITNEY, PETER S JR	
STREET ADDRESS	3120 NE 28 AVE.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDS, LARRY	
STREET ADDRESS	405 NE 2ND ST	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, W. DURAN	
STREET ADDRESS	3711 NE 26 AVE.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUCHANAN, PETER	
STREET ADDRESS	2821 N.E. 39TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEDERLANDEN, ALAN	
STREET ADDRESS	2500 NE 23RD ST	
CITY-ST-ZIP	POMPANO BCH FL 33062	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 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 *[Signature]* Date: 1/20/03 Daytime Phone #: 954-941-0900

CR2E034 (10/02)