FILED

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P93000042600 DOCUMENT #

1. Entity Name

D.A. BATTEN & ASSOCIATES, CPA, P.A.



Principal Place of Business Mailing Address 1326 SOUTH RIDEWOOD AVENUE 1326 SOUTH RIDEWOOD AVENUE 20012853 SUITE #18 SUITE #18 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3185827 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name BATTEN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1326 SOUTH RIDGEWOOD AVENUE DAYTON BEACH FL 32114 City 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** 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATTEN, DAVID A NAME NAME STREET ADDRESS 1326 S RIDGEWOOD AVE #18 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP ST ☐ Delete TITLE ☐ Addition ☐ Change NAME BATTEN, DAVID A NAME 1326 S RIDGEWOOD AVE #18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = DAYTONA-BCH-FL-CITY ST ZIP . ಪ್ರವರ್ಷ- ಬ್ರಾಫಿಟ್ ಸ್ಕಾರ್ TITLE ☐ Delete TITHE ☐ 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 ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address, with all other like