

**2001 UNIFORM BUSINESS REPORT (UDR)**

*PS 182*  
APPROVED  
DATE

**FILED**  
**Aug 07, 2001 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # H00826**

1. Entity Name  
**BATES DEVELOPING COMPANY**

Principal Place of Business  
**2401 N.E. 36 ST.  
SUITE 105  
LIGHTHOUSE POINT, FL 33064  
USA**

Mailing Address  
**11042 DENIS  
FAIR HAVEN, MI 48023**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**2401 N.E. 36 ST  
SUITE 105  
LIGHTHOUSE POINT, FL  
33064 USA**

4. FEI Number  
**59-2396892**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**TORRES, JAMES L.  
ALPIZAR, VILLE, ET AL  
1528 PALM BAY ROAD NE  
PALM BAY, FL 32905**

7. Name and Address of New Registered Agent  
Name  
**TORRES, JAMES L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**PLATT, JACOBUS, FIELDING, TORRES ET AL  
1990 W. NEW HAVEN AVE, SUITE 201**  
City  
**MELBOURNE, FL** Zip Code  
**32904**

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.

SIGNATURE *James L. Torres* DATE **7/18/01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. BATES, WILLIAM L., JR. 2401 NE 36 ST., #105 LIGHTHOUSE POINT, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *William L. Bates* **PRESIDENT** *8/23/01* **(954) 781-1921**  
**464-4170**

CR2E034 (11/00)

Pg 292

BATES DEVELOPING COMPANY  
2401 N.E. 36 ST., STE 105  
LIGHTHOUSE POINT, FL 33064

7/31/01

FL DEPT. OF STATE  
DIV. OF CORPORATIONS      ATTN: MARQUITTA WILLIAMS  
P.O. BOX 6327                      RE: H00826  
TALLAHASSEE, FL 32314

DEAR MARQUITTA WILLIAMS:

I AM WRITING TO REQUEST A WAIVER OF THE LATE FEE FOR THIS CORPORATION. THE CORPORATE MAIL WAS GOING TO MY MOTHERS HOME IN MICHIGAN. UNFORTUNATELY, THE REPORT DID NOT GET TO THE MICHIGAN ADDRESS OR MY MOTHER MAY HAVE THROWN IT OUT (SHE HAD A MILD STROKE AND HAS TROUBLE REMEMBERING). I CALLED AND REQUESTED A COPY OF THE FORM BUT FORGOT TO INCLUDE THIS (SIMILAR) LETTER ASKING FOR A WAIVER. PLEASE GRANT ME THE WAIVER OF THE LATE FEE.

THANK YOU IN ADVANCE FOR YOUR COOPERATION. I ALSO FILLED OUT THE LAST FORMS INCORRECTLY. THEY WERE SENT BACK.  
SINCERELY,

William G. Bledsoe, Jr. PRES.