

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90092 004 ***158.75

DOCUMENT # 853719

1. Entity Name

BATES ENGINEERS/CONTRACTORS, INC.

Principal Place of Business

**210 AIRPORT RD.
P.O. BOX 856
BAINBRIDGE GA 31717**

Mailing Address

**210 AIRPORT RD.
P.O. BOX 856
BAINBRIDGE GA 31717**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 846

Suite, Apt. #, etc.

City & State

**City & State
Bainbridge, GA 31717**

4. FEI Number

58-0872699

Applied For

Not Applicable

Zip

Country

**Zip
31718**

Country

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, STEVEN M.	
STREET ADDRESS	LAKE DOUGLAS RD.	
CITY-ST-ZIP	BAINBRIDGE GA.	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBB, EUGENE S.	
STREET ADDRESS	DOGWOOD ACRES	
CITY-ST-ZIP	BAINBRIDGE GA.	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WIGGINS, MICHAEL L.	
STREET ADDRESS	1996 THOMAS DRIVE	
CITY-ST-ZIP	BAINBRIDGE GA	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BEERS, JOHN R	
STREET ADDRESS	2008 LAKEWOOD CT	
CITY-ST-ZIP	BAINBRIDGE GA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Steven M. Lee, President****1/29/02****229/246-4312**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
#853719

4/6/97

BATES ENGINEERS/CONTRACTORS, INC.

P. O. BOX 846

BAINBRIDGE, GEORGIA 31718

229-246-4312 PHONE

229-246-8596 .FAX

**PLEASE MAKE SURE YOUR RECORDS AGREE WITH OUR NEW MAILING
ADDRESS.**