

**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

3. Mailing Address

**P.O. Box 846**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Bainbridge, GA 31717**

4. FEI Number

**58-0872699**

Applied For

Not Applicable

Zip

Country

Zip

Country

**31718**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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.   
(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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, STEVEN M.</b>	NAME	
STREET ADDRESS	<b>LAKE DOUGLAS RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAINBRIDGE GA.</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, EUGENE S.</b>	NAME	
STREET ADDRESS	<b>DOGWOOD ACRES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAINBRIDGE GA.</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGGINS, MICHAEL L.</b>	NAME	
STREET ADDRESS	<b>1996 THOMAS DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAINBRIDGE GA</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEERS, JOHN R</b>	NAME	
STREET ADDRESS	<b>2008 LAKEWOOD CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAINBRIDGE GA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** **Steven M. Lee, President** **1/29/02** **229/246-4312**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1A 110003

CR2E034 (9/01)

Attachment  
#853719

4/16/97

**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.**