

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90081 017 \*\*\*158.75

**DOCUMENT # 370668**

1. Entity Name

T.L.R. CORP.

Principal Place of Business

Mailing Address

P.O. BOX 1122  
 PLATT RD  
 BOWLING GREEN FL 33834  
 US

P.O. BOX 1122  
 BOWLING GREEN FL 33834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1903528

Applied For

Not Applicable

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

BATTS, JIMMY T SR  
 3552 PLATT ROAD  
 WAUCHULA FL 33873

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.

*Jimmy T. Batts Sr 4-6-2001*

(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, 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	PDVS	<input type="checkbox"/> Delete
NAME	BATTS, JIMMY T S	
STREET ADDRESS	ROUND ROUTE 3552 PLATT RD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>BATTS, JIMMY T SR</del>	
STREET ADDRESS	<del>RT 2 PLATT RD</del>	
CITY-ST-ZIP	<del>WAUCHULA FL</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	BATTS, JIMMY T S	
STREET ADDRESS	ROUND ROUTE 3552 PLATT RD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<del>BATTS, BUREY</del>	
STREET ADDRESS	<del>RT 3552 PLATT RD</del>	
CITY-ST-ZIP	<del>WAUCHULA FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	NOBATTS BUNNY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 3552 PLATT Rd.	
STREET ADDRESS	Wauchula FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S Jim Batts	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3552 PLATT Rd.	
STREET ADDRESS	WAUCHULA FL.	
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: *Jimmy T. Batts Sr. PDVS.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-6-2001 863-245-5765*

Date

Daytime Phone #

CR2E034 (10/00)