

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

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 _____ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, STEVEN M.	NAME	
STREET ADDRESS	LAKE DOUGLAS RD.	STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA.	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, EUGENE S.	NAME	
STREET ADDRESS	DOGWOOD ACRES	STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA.	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, MICHAEL L.	NAME	
STREET ADDRESS	1996 THOMAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERS, JOHN R	NAME	
STREET ADDRESS	2008 LAKEWOOD CT	STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	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 #

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.**