

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90054 021 ***150.00

DOCUMENT # F01000002805

1. Entity Name
BATTLEVIEW INVESTMENTS, INC.



Principal Place of Business
**PO BOX 891
NEWINGTON VA 22122**

Mailing Address
**PO BOX 891
NEWINGTON VA 22122**

2. Principal Place of Business

3. Mailing Address

550 N. REO STREET

Suite, Apt. #, etc.

Suite # 300

City & State
TAMPA, FL

City & State

Zip Country
33609 USA

Zip Country

4. FEI Number **52-1797406**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, RONNIE K
550 N. REO ST, SUITE 300
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BAILEY, RONNIE K**
STREET ADDRESS **937 SEDDON COVE WAY**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BAILEY, R. KYLE**
STREET ADDRESS **3225 SOUTH MACDILL AVE #129-259**
CITY-ST-ZIP **TAMPA FL 33629-8171**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BAILEY, BEVERLY W**
STREET ADDRESS **937 SEDDON COVE WAY**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BAILEY, R. KENT**
STREET ADDRESS **6919 WINNERS CIRCLE**
CITY-ST-ZIP **FAIRFAX STATION VA 22039**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **108 MARTINIQUE AVENUE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

RON K. BAILEY
PRESIDENT

2/5/03
Date

(813) 261-2747
Daytime Phone #

CR2E034 (10/02)