

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90052 008 \*\*\*158.75

**DOCUMENT # H92510**  
 1. Entity Name  
**BATSEL, MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTS**

Principal Place of Business <b>% C. GUY BATSEL          1861 PLACIDA RD STE 204          ENGLEWOOD FL 34223          US</b>	Mailing Address <b>% C. GUY BATSEL          1861 PLACIDA RD STE 204          ENGLEWOOD FL 34223          US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2629363</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BATSEL, C. GUY  
 1861 PLACIDA ROAD  
 STE 204  
 ENGLEWOOD FL 34223**

**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  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, 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**

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>BATSEL, C. GUY</b>	
STREET ADDRESS	<b>1861 PLACIDA RD STE 204</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>MCKINLEY, MICHAEL R.</b>	
STREET ADDRESS	<b>18401 MURDOCK CIR</b>	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>ITTERSAGEN, SCOTT D.</b>	
STREET ADDRESS	<b>1861 PLACIDA RD #204</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GUNDERSON, MIKO P.</b>	
STREET ADDRESS	<b>1861 PLACIDA RD #204</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
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		

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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/00)