

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11841

1. Entity Name

**BATEMAN & SONS CONSTRUCTION, INC.**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90009 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1422 SWANK STREET  
 SEBRING FL 33870

1422 SWANK STREET  
 SEBRING FL 33870-4438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2700159

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BATEMAN, EDWARD A.**  
 1411 CHLOE TERR  
 SEBRING FL 33870

Name **BATEMAN, EDDIE**  
 Street Address (P.O. Box Number is Not Acceptable) **1411 CHLOE TERRACE**  
 City **Sebring** FL Zip Code **33870**

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 *Edward A. Bateman*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-00  
 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, 2000 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	ST	<input type="checkbox"/> Delete
NAME	PARMEH, DEVIN	
STREET ADDRESS	9251 CANTER PATH	
CITY-ST-ZIP	SEBRING FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BATEMAN, EDDIE	
STREET ADDRESS	1411 CHLOE TERR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BATEMAN, JAMES E	
STREET ADDRESS	720 LEE PLACE	
CITY-ST-ZIP	SEBRING FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARMER, DEVIN	
STREET ADDRESS		
CITY-ST-ZIP	33872	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, EDDIE	
STREET ADDRESS	1411 CHLOE TERRACE	
CITY-ST-ZIP	33870	
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: *Eddie Bateman* **Eddie BATEMAN**

March 10, 2000  
 Date

941-444-3750  
 Daytime Phone #

CR2E034 (9/99)