

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90041 036 ***150.00

DOCUMENT # J41398

1. Entity Name

BATCON, INC.

Principal Place of Business

**109 SOUTH AVENUE
FT. WALTON BEACH FL 32547
US**

Mailing Address

**109 SOUTH AVENUE
FORT WALTON BEACH FL 32547-3715**

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 **59-2817021**

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

**WHITMIRE, WARREN T.
3 LONGWOOD DRIVE
SHARLIMAR FL 32579**

Name **Raymond Lewis**

Street Address (P.O. Box Number is Not Acceptable)

135 Durango Road

City **Destin**

FL

Zip Code **32541**

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

4/4/01

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 **D** ☒ Delete
NAME **DORRIS, GEORGE**
STREET ADDRESS **6 NE PEMBROOKE PLACE**
CITY-ST-ZIP **FORT WALTON BEACH FL**

TITLE **S** ☐ Change ☒ Addition
NAME **Judy Newton**
STREET ADDRESS **6010 FLAMINGO ROAD**
CITY-ST-ZIP **NICEVILLE, FL 32539**

TITLE **T** ☐ Delete
NAME **NORDLIE, ROLAND L**
STREET ADDRESS **435 MARION DRIVE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Whitmire, Warren**
STREET ADDRESS **3 Longwood Drive**
CITY-ST-ZIP **SHARLIMAR, FL 32579**

TITLE **SD** ☒ Delete
NAME **MEHLING, GEORGE W**
STREET ADDRESS **39 PARADISE POINT ROAD**
CITY-ST-ZIP **NSHALIMAR FL**

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

TITLE **P** ☐ Delete
NAME **LEWIS, RAYMOND H**
STREET ADDRESS **135 DURANGO ROAD**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01 850-863-8828

CR2E034 (10/00)