

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90079 011 ***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

B0052690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2817021**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

RAYMOND LEWIS
135 DURANGO ROAD *204 Twin Lakes Lane*
DESTIN FL 32591

Name

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

204 Twin Lakes Lane

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

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 **T** ☐ Delete
 NAME **NORDLIE, ROLAND L**
 STREET ADDRESS **435 MARION DRIVE**
 CITY-ST-ZIP **NICEVILLE 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 *204 Twin Lakes Lane*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **NEWTON, JUDY**
 STREET ADDRESS **6010 FLAMINGO ROAD**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☒ Change ☐ Addition
 NAME *6008 Flamingo Road*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **WHITMIRE, WARREN**
 STREET ADDRESS **3 LONGWOOD DRIVE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)