

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90145 050 \*\*\*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**

*SAME*

**3. Mailing Address**

*SAME*

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**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**RAYMOND LEWIS**  
**204 TWIN LAKES LANE**  
**DESTIN FL 32541**

**7. Name and Address of New Registered Agent**

Name *Warren Whitmire*  
Street Address (P.O. Box Number is Not Acceptable) *3 Longwood Drive*  
City *Shalimar* FL Zip Code *32579*

**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 *Judy Ann Newton*  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	NORDLIE, ROLAND L	
STREET ADDRESS	435 MARION DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, RAYMOND H	
STREET ADDRESS	204 TWIN LAKES LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWTON, JUDY	
STREET ADDRESS	6008 FLAMINGO RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITMIRE, WARREN	
STREET ADDRESS	3 LONGWOOD DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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	President	<input checked="" 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		

**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:** *Judy Ann Newton*  
Signature and typed or printed name of signing officer or director

*4/25/03* *850-863-8228*  
Date Daytime Phone #

CR2E034 (10/02)