## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jun 20, 2001 8:00 am Secretary of State DOCUMENT # P00000008056 1. Entity Name 05-07-2001 90045 037 \*\*\*158 75 BATES & COMPANY CONSTRUCTION INC. Principal Place of Business Mailing Address 49255 6730 NW 83 TERR. 6730 NW 83 TERR. PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 9 Applied For Not Applicable Country Country \$8:75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -WILLIAM T. BATES BATES, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 2030 NW 22 CT. 6730 NW 83 TELL POMPANO BEACH FL 33069 Zin Code 6 PANKLAND 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 -WILLIAM T. BATES PRES. 4.20-01 SIGNATURE ed name of registered agent and life if applicat DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State VICE PRESIDENT SERVICES TOE D. LEONARD ST. 1944 SW CAPRI ST. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Addition 3R2E034 (10/00) TITLE TITLE NAME STREET ADDRESS STREET ADDRESS FL 34990 Pour City CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME 4730 NW837ERA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 quistee 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. rees. WILLIAMT, BATES SIGNATURE:

FILED

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