

2003

AMENDED

FILED

03 OCT 24 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034974  
 1. Entity Name  
 Bates Driscoll Construction, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 1351 Chestnut Avenue  
 Suite, Apt. #, etc.

3. Mailing Address  
 1351 Chestnut Avenue  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MRS

City & State  
 Winter Park, FL

City & State  
 Winter Park, FL

Zip  
 32789

Country  
 USA

4. FEI Number  
 59-3643318

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

### 7. Name and Address of Current Registered Agent

Name  
 Bates, Thomas R. Jr.

Street Address (P.O. Box Number is Not Acceptable)  
 1351 Chestnut Avenue

City  
 Winter Park

State  
 FL

Zip Code  
 32789

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Bates, Thomas R. Jr. 1351 Chestnut Avenue Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS George Driscoll 1351 Chestnut Avenue Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800024082788 10/24/03--01018--024 **105.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Vice President 10/20/03 407-644-9709  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)