

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000008592

1. Entity Name

Batikhome Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15980 Bayside Pointe W

Suite, Apt. #, etc.

Apt. # 205

City & State

Ft. Myers Florida

Zip

33908

3. Mailing Address

15980 Bayside Pointe W

Suite, Apt. #, etc.

Apt. # 205

City & State

Ft. Myers Florida

Zip

33908

Country

4. FEI Number

65-1071428

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Oliver Huttner

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

1318 Lafayette Street

City

Cape Coral

FL

Zip Code
33904

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

Oliver Huttner

Signature, typed or printed name of registered agent and title if applicable.

04-08-02

DATE

(NOTE: Registered Agent signature required when reinstating)

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

D Victoria Allen
15980 Bayside Pointe W. #205
Ft. Myers FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S Oliver Huttner
15980 Bayside Pointe W. #205
Ft. Myers FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Oliver Huttner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-02 941-549-2444

Date

Daytime Phone #

CR2E034B (12/01)