2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028220

CHAEL C. BATCHO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 6:16

Principal Place of Business	Mailing Address
ARMISTEAD LN FL 33556	15901 ARMISTEAD LN ODESSA FL 33556-3300

AMENDED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip	Country

4. FEI Number 59-3181314 — Applied For / Not Applicable

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
BATCHO, MICHAEL C 15901 ARMISTEAD LN ODESSA FL 33556	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001
(P) ☒ Delete BATCHO, MICHAEL C 15901 ARMISTEAD LANE ODESSA FL 33556 Director	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Batcho Violet / 15901 Armistead Lane / Odessa, FL 33556 — ☐ Change ☒ Addition — President
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Batcho Michael C / 15901 Armistead Lane / Odessa, FL 33556 — ☒ Change ☐ Addition — DIRECTOR
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition

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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 the name appears in Block 11 or 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Violet Batcho 9-20-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

~3-20-00