

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90268 040 ***150.00

0391513

DOCUMENT # P93000030789

1. Entity Name

BATTLE'S PLASTERING, INC.

Principal Place of Business

**6226 MEADOWVIEW CR.
 FT. MYERS FL 33916**

Mailing Address

**6226 MEADOWVIEW CR.
 FT. MYERS FL 33916**

2. Principal Place of Business

1409 SE 4th ST

Suite, Apt. #, etc.

3. Mailing Address

1409 SE 4th ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-0400406

Applied For

Not Applicable

Zip

33990

Country

Zip

33990

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BATTLE, RONALD D
 6226 MEADOWVIEW CR.
 FT. MYERS FL 33916**

7. Name and Address of New Registered Agent

Name **BATTLE, RONALD D**
 Street Address (P.O. Box Number is Not Acceptable) **1409 SE 4th ST**
 City **CAPE CORAL** **FL** Zip Code **33990**

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

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

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

TITLE **DPV** ☐ Delete
 NAME **BATTLE, RONALD D**
 STREET ADDRESS **6226 MEADOWVIEW CR.**
 CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **ST** ☐ Delete
 NAME **BATTLE, RONALD D**
 STREET ADDRESS **6226 MEADOWVIEW CR.**
 CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ Change ☐ Addition
 NAME **BATTLE, RONALD D**
 STREET ADDRESS **1409 SE 4th ST**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **ST** ☐ Change ☐ Addition
 NAME **BATTLE, RONALD D**
 STREET ADDRESS **1409 SE 4th ST**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald Battle** **RONALD BATTLE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01 **(941) 242-2291**
 Date Daytime Phone #

CR2E034 (10/00)