2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 3

0016013

DOCUMENT # P95000070847

1. Entity Name

BATEMAN SOLUTIONS NETWORK, INCORPORATED

FILED
00 JUL 24 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2116 TURNBERRY DR. OVIEDO FL 32765	PO BOX 620159 OVIEDO FL 32762-0159 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3336653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATEMAN, JERRY E
2116 TURNBERRY DR.
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATEMAN, JERRY E. 2116 TURNBERRY DR OVIEDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003358089--6 -08/15/00--01070--017 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BATEMAN, CAROL C. 2116 TURNBERRY DR OVIEDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP	☐ Change ☐ Addition

CR2E034 (5/00)

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: SIGNATURE REQUIRED Jerry E. Bateman 7-10-2000 407-977-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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* Stacy Prather pg 2 of 3

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[redacted]

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City & State		City & State	
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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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BATEMAN, JERRY E.	
STREET ADDRESS	2116 TURNBERRY DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	ST	☐ Delete
NAME	BATEMAN, CAROL C	
STREET ADDRESS	2116 TURNBERRY DR	
CITY-ST-ZIP	OVIEDO FL	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Jerry Bateman JERRY E. BATEMAN 4-28-00 407-977-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President

Pg 3 of 3

4-29-00 →

EXPRESS MAIL
UNITED STATES POSTAL SERVICE ™

POST OFFICE TO ADDRESSEE

EK424720422US

APR 2 9 2000

SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS

Customer Copy

ORIGIN (POSTAL USE ONLY)

PO ZIP Code: 328	Day of Delivery: ☒ Next ☐ Second	Flat Rate Envelope: ☐	
Date In: 4 29 00 (Mo. Day Year)	☐ 12 Noon ☒ PM	Postage: $ 11.25	
Time In: 4:42 ☐ AM ☐ PM	Military: ☐ 2nd Day ☐ 3rd Day	Return Receipt Fee	
Weight: 1 lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery: ☐ Weekend ☐ Holiday	Acceptance Clerk Initials: M.L.	Total Postage & Fees: $ 11.25	

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

☒ WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT) PHONE (407) 977-2288

BATEMAN SOLUTIONS NETWORK, INC.
2116 TURNBERRY DRIVE
OVIEDO, FL 32765

TO: (PLEASE PRINT) PHONE ( )

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1560
TALLAHASSEE, FL 32302-1560

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

EMS

Label 11-B September 1999