2002 Uniform Business Report (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P95000071034 THE BAT CRAFT, INC.						Secretary of State 05-13-2002 90160 045 ***150.00					
2751 N.E. 5	ace of Business 2 STREET RDALE FL 33308	Mailing Address 2751 N.E. 52 STREET FT. LAUDERDALE FL 333	52 STREET								
2. Principal	Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number 65-0659366 Applied For			7			
Zip	Country		Zip	Сои	ntry	5.	Certificate of Status Desired		\$8.75 A Fee Requi		•
	6. Name and Addre	ss of Current Re	gistered Agent	,	مرد م ۱۰ ·	=7.1	Name and Address of New Re				a -
		- 			Name		· 				٦.
CORPORATION SERVICE COMPANY					Street Ad	dress (P.O. E	Box Number is Not Acceptable)				-
1201 HAYS STREET					Control Coo (1.0. Sox Hallings to Not Acceptable)					 	
TALLAHA	ASSEE FL 32301-0000				ļ						1
					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Co	de	-{
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9. 1110 2007	e named entity sporting the	s statement (O) tr	e purpose or changing its	register	ea attice or r	egistered ag	ent, or both, in the State of Flori	da.		•	ŀ
SIGNATURE											Į
SIGNATURE	Signature, typed or printed name of	of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature	required when re	instaling)	DATE	- 		
9. This core	poration is eligible to satisfy	its Intendible	FILE NOW!	1 FFF	IS \$150.00	<u> </u>	<u> </u>				-
Tax filling requirement and elects to do so.			After May 1, 2002 Fee will be \$550.00			0.00	10. Election Campaign Final		\$5.	00 May Be	1
(See criteria on back)			Make Check Payab	epartment d	of State	Trust Fund Contribution.		Adde	d to Fees	ŀ	
11.	, 	FICERS AND DIF	RECTORS		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	1	
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NAME : STREET ADDRESS	FERREIRA, FRED	T			- 1						9
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NAME	FERREIRA, FAYE		☐ Delete	TITLE				I	Change	Addition	12
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NAME	KIERCE, RANDY			NAME		٠٠ ـ٩٠٠ <i>- ١٩٠</i> ٠	The state of the s		•	4	1
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	FT. LAUDERDALE FL	33308		╫──	ST-ZIP						4
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NAME STREET ADDRESS				NAME							
CITY-ST-ZIP	 			II	T ADDRESS ST-71P						l

13. I hereby certify that the information supplied with this filling 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:

REPED ERREIRA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/30/02