## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 27, 2000 8:00 am Secretary of State OCUMENT# **P96000040851** BATCH INTERNATIONAL, INC. 04-27-2000 90032 041 \*\*\*150.00 implicat Place of Business Mailing Address 1105 N. TOWN & RIVER DRIVE N. TOWN & RIVER DRIVE AUJ41100 FT. MYERS FL 33919-5917 MYFRS FL 33919 US Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0672680 Not Applicable Zip Country **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BATISTA, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 1105 N. TOWN & RIVER DRIVE FT. MYERS FL 33919 Zip Code City FL 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. anjana) nage (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete BATISTA, CHRISTINE 1105 N. TOWN & RIVER DRIVE STREET ADDRESS ..... ±000£ÇÇ CITY-ST-ZIP ST-7IP FT. MYERS FL 33919 ☐ Change Addition Delete NAME STREET ADDRESS ..... ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE HILLE NAME STREET ADDRESS ....: . ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change Addition MUÉ ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C.T.: ST-ZIP Addition Change ☐ Delete THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the Jame legal effect as if made under oath; that I am an officer or director of the corporation or the receiver organistic empowered to execute this eport as required by Chapter 60, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like expressivered. vignature mail have the Jame legal effect as it made under oath; that I am an officer or director s required by Chapter 60, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

CITY ST-ZIP

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