

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

*7/10/00*

00 JUL 14 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # *746000082690*

1. Entity Name  
**BATEMAN & SONS, INC.**

Principal Place of Business <b>% WARREN F. BATEMAN 5119 S.W. 71ST PLACE MIAMI, FLORIDA 33155</b>	Mailing Address <b>% WARREN F. BATEMAN 5119 S.W. 71ST PLACE MIAMI, FLORIDA 33155</b>
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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 <b>65-0706410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LEWIS H. FOGLE, JR.  
10415 LAKESIDE DRIVE  
CORAL GABLES, FLORIDA 33156**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WARREN F. BATEMAN</b>	
STREET ADDRESS	<b>5119 S.W. 71ST PLACE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33155</b>	
TITLE	<b>VICE PRESIDENT/D</b>	<input type="checkbox"/> Delete
NAME	<b>WARREN E. BATEMAN</b>	
STREET ADDRESS	<b>785 STATSON STREET</b>	
CITY-ST-ZIP	<b>MOSS BEACH, CA 94038</b>	
TITLE	<b>SECRETARY / TREASURER / D</b>	<input type="checkbox"/> Delete
NAME	<b>DUANE O. BATEMAN</b>	
STREET ADDRESS	<b>POST OFFICE BOX 578</b>	
CITY-ST-ZIP	<b>SALUDA, NORTH CAROLINA 28773-0578</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS H. FOGLE, JR.</b>	
STREET ADDRESS	<b>10415 LAKESIDE DRIVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33156</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **7/3/00** **(305-663-1395)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)