

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90728 040 ***150.00

0321865 AV

DOCUMENT # P96000097083

1. Entity Name

BATELEUR SKY SPORTS, INC.

Principal Place of Business

**55 FT. CAROLINE LANE
 PALM COAST FL 32137**

Mailing Address

**55 FT. CAROLINE LANE
 PALM COAST FL 32137**

2. Principal Place of Business

615 SW 16TH CT.

3. Mailing Address

615 SW 16TH CT

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

FORT. LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

59-3414072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALKER, JAMES V

217 PONTE VEDRA PARK DRIVE

SUITE 200

PONTE VEDRA BEACH FL 32082

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

Corinne Devenish

CORINNE DEVENISH (TREASURER)

4/02/02.

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, 2002 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 **DEVENISH, MICHAEL**
 STREET ADDRESS **55 FT. CAROLINE LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **ST** ☐ Delete
 NAME **DEVENISH, CORINNE**
 STREET ADDRESS **55 FT. CAROLINE LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

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 **P** ☐ Change ☐ Addition
 NAME **DEVENISH, MICHAEL**
 STREET ADDRESS **615 SW 16TH CT # 2**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **ST** ☐ Change ☐ Addition
 NAME **DEVENISH, CORINNE**
 STREET ADDRESS **615 SW 16TH CT # 2**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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
 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:

Corinne Devenish

CORINNE DEVENISH

3/29/02

(954) 764 3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)