

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005312

1. Entity Name

BATTLE VENTURES, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90044 037 ***150.00

Principal Place of Business

Mailing Address

1240 SW 6TH WAY

DEERFIELD BEACH FL 33441-6402

1240 SW 6TH WAY

DEERFIELD BEACH FL 33441-6402

2. Principal Place of Business

1240 SW 6TH WAY
Suite, Apt. #, etc.

3. Mailing Address

1240 SW 6TH WAY
Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip
33441-6402

Country

U.S.A.

City & State

DEERFIELD BEACH, FL

Zip

33441-6402

Country

U.S.A.

4. FEI Number

65-0722924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTLE, GLORIA
1240 SW 6TH WAY
DEERFIELD BEACH FL 33441-6402

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 \$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 PD
NAME BATTLE, GLORIA
STREET ADDRESS 1240 SW 6TH WAY
CITY-ST-ZIP DEERFIELD BEACH FL 33441-6402 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Gloria J. Battle / Gloria Battle 4/2/00 954-428-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)