

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90140 047 ***150.00

DOCUMENT # P97000066568

1. Entity Name
BATCHELDER, INC.

Principal Place of Business

609 SANTA MARIA DR
TIERA VERDE FL 33715
US

Mailing Address

609 SANTA MARIA DR
TIERA VERDE FL 33715
US

2. Principal Place of Business

1571 Oceanview Dr
 Suite, Apt. #, etc.

3. Mailing Address

1571 Oceanview Dr
 Suite, Apt. #, etc.

City & State

Tiera Verde FL

City & State

Tiera Verde FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33715

Country

Pinellas

Zip

33715

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELDIN, DAVID
609 SANTA MARIA
TIERA VERDE FL 33715

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1571 Oceanview Dr

City

Tiera Verde

FL

Zip Code

33715

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, 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 **D** ☐ Delete
NAME **SELDIN, DAVID M**
STREET ADDRESS **609 SANTA MARIA DR**
CITY-ST-ZIP **TIERA VERDE FL 33715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **1571 Oceanview Dr**
CITY-ST-ZIP **Tiera Verde FL 33715**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-02 646 932 3628

CR2E034 (9/01)