

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101421

1. Entity Name

BATEMAN & MARTIN DEVELOPMENTS, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90131 035 \*\*\*150.00

Principal Place of Business

Mailing Address

4375 DOVER CT 102  
NAPLES FL 34105  
US

4375 DOVER CT 102  
NAPLES FL 34105  
US

2. Principal Place of Business

4771 Alberton Court

3. Mailing Address

4771 Alberton Court

Suite, Apt. #, etc.

#3502

City & State

Naples, FL

Suite, Apt. #, etc.

#3502

City & State

Naples, FL

Zip

34105

Country

USA

Zip

34105

Country

USA

4. FEI Number 59-3547931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATEMAN, ARTHUR L  
4375 DOVER CT  
#102  
NAPLES FL 34105

Name

Bateman, Arthur L.

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

4771 Alberton Court, #3502

City

Naples

FL

Zip Code

34105

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BATEMAN, A.L.  
STREET ADDRESS 4375 DOVER CT 102  
CITY-ST-ZIP NAPLES FL 34105

TITLE PD ☒ Change ☐ Addition  
NAME Bateman, Arthur L.  
STREET ADDRESS 4771 Alberton Court, #3502  
CITY-ST-ZIP Naples, FL 34105

TITLE D ☐ Delete  
NAME MARTIN, DAN  
STREET ADDRESS 5222 KENSINGTON HIGH ST.  
CITY-ST-ZIP NAPLES FL 34105

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)