FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State P98000101421 DOCUMENT # 1. Entity Name -02-2002 90872 025 ***150 00 BATEMAN & MARTIN DEVELOPMENTS. INC. Principal Place of Business Mailing Address 4771 ALBERTSON COURT 4771 ALBERTSON COURT #3502 #3502 NAPLES FL 34105 NAPLES FL 34105 HS US 2. Principal Place of Business 3. Mailing Address 4770 Alberton Court 4770 Alberton Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #2602 #2602 City & State City & State Applied For 4. FEI Number 59-3547931 Naples, Naples, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - - -U.S.A. 35015 34105 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bateman, Arthur L. BATEMAN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 4771 ALBERTSON COURT #3502 4770 Alberton Court, #2602 NAPLES FL 34105 City Naples Zip Code 34105 8. The above named changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE XI Change ☐ Addition TITLE ☐ Delete BATEMAN, ARTHUR L Bateman, Arthur L. NAME NAME CR2E034 4770 Alberton Court, #2602 STREET ADDRESS 4771 ALBERTSON COURT, #3502 STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34105 TITLE D ☐ Delete TITLE Change ☐ Addition MARTIN, DAN NAME NAME 5222 KENSINGTON HIGH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

13-25-02