

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90263 036 ***150.00

DOCUMENT # P99000044668

1. Entity Name

BATCO, INC.

Principal Place of Business

**10727 CHERRY OAK CIRCLE
 ORLANDO FL 32817**

Mailing Address

**10727 CHERRY OAK CIRCLE
 ORLANDO FL 32817**

2. Principal Place of Business

380 S. SR 434

3. Mailing Address

380 S. SR 434

Suite, Apt. #, etc.

1004-291

Suite, Apt. #, etc.

1004-291

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

Zip

32714

Country

4. FEI Number

59-3577015

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

NGUYEN, TIM

**10727 CHERRY OAK CIRCLE
 ORLANDO FL 32817**

Name

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

4094 Cardinal Glen Place

City

Oviedo

FL

Zip Code

32765

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 fee 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	P	<input type="checkbox"/> Delete
NAME	NGUYEN, TIMOTHY	
STREET ADDRESS	10727 CHERRY OAK CIR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4094 Cardinal Glen Place	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Nguyen

6 April 01

Date

(407) 310-4351

Daytime Phone #

CR2E034 (10/00)