

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90778 046 ***150.00

DOCUMENT #

1. Entity Name BAT Lands, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
205 116th Avenue

Suite, Apt. #, etc. # 5

3. Mailing Address
P.O. Box 9300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TREASURE ISLAND, FL

Zip
33706

Country
Pinellas

City & State
TREASURE ISLAND FL

Zip
33740-9300

Country
Pinellas

4. FEI Number
59-3607744

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
NEW

7. Name and Address of ~~Current~~ Registered Agent

Name Smith, Mackinnon PA TED EDWARDS

Street Address (P.O. Box Number is Not Acceptable)
Suite 800, Citrus Center

255 South Orange Ave

City Orlando FL Zip Code 32801

**DO NOT WRITE
IN THIS SPACE**

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) [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>William B. Schwind</u> <u>930 116th Ave</u> <u>TREASURE ISLAND FL 33706</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP, Sec. Treasurer</u> <u>Perry L. Fowler</u> <u>8130 Baymeadows W West #708</u> <u>Jacksonville, FL 32256</u>

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] William B. Schwind

Date

Daytime Phone #

4-5-02 727 3631166

CR2E034B (12/01)