

04-28-2002 90778 046 ***150.00

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

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**
None

**DO NOT WRITE
 IN THIS SPACE**

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**

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

[Handwritten Signature]

Signature, Sport or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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	President William B. Schwind 930 116th Ave Treasure Island FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Sec. Treasurer Perry L. Fowler 8130 Baymeadows W West #708 Jacksonville, FL 32256
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**DO NOT WRITE
 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)(f), 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:

[Handwritten Signature] **William B. Schwind**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 727 3631166

Date

Daytime Phone #

CR2E034B (12/01)