2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000098697 1. Entity Name BATENA INTERNATIONAL MANAGEMENT, INC. 03-20-2000 90141 006 ***150.00 Principal Place of Business Mailing Address 28000 SPANISH WELLS BLVD. 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135-2850 L0040743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EBBINGHAUS, MARK 28000 SPANISH WELLS BLVD BONITA SPRINGS FL 34135 of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement fo SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2F034 (9/99) TITLE ☐ Defete TITLE AMBURN, AMBUM, JAMES W NAME NAME STREET ADDRESS 28000 SPANISH WELLS BLVD. STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE Scheib, Juergen 28000 Spanish Hells Blud Bonita Springs, Fl 3413S ebbinghaus, mark NAME NAME STREET ADDRESS STREET ADDRESS 28000-SPANISH WELLS BLVD. CITY-ST-ZIP BONITA SPRINGS FL 34136 CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE □ Delete TITLE 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 any 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 frustee empowered to execute the great 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 entryowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAMES W AMBUEN

941-992-335)

Daytime Phone #