

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90128 043 ***150.00

DOCUMENT # P99000102031

1. Entity Name
DAVID P. BATMAN INVESTMENT SERVICES, INC.

Principal Place of Business

**200 E WASHINGTON ST
 CLERMONT FL 34711**

Mailing Address

**200 E WASHINGTON ST
 CLERMONT FL 34711**

2. Principal Place of Business

8800 C.R. 561

Suite, Apt. #, etc.

3. Mailing Address

8800 C.R. 561

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CLERMONT FL.

City & State
CLERMONT

4. FEI Number **59-3620055**

Applied For
 Not Applicable

Zip
34711

Country
USA

Zip
FL.

Country
USA

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

6. Name and Address of Current Registered Agent

**BATMAN, DAVID P
 8800 CR 561
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *David P. Batman*
 Signature, typed or printed name of registered agent and title if applicable.

DAVID P. BATMAN - PRESIDENT
 (NOTE: Registered Agent signature required when reinstating)

2/28/02
 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, 2002 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

TITLE
 NAME **D BATMAN, DAVID P** ☐ Delete
 STREET ADDRESS **8800 CR 561**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE
 NAME **D BATMAN, DEBORAH S** ☒ Delete
 STREET ADDRESS **8800 CR 561**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE: *David P. Batman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID P. BATMAN
 PRESIDENT**

2/28/02
 Date

352-394-7308
 Daytime Phone #

CR2E034 (9/01)