2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State V52630 DOCUMENT # 1. Entity Name 09-03-2002 90002 022 ***550.00 BATEMAN HARDEN, P.A. Mailing Address Principal Place of Business 300 E PARK AVE 300 E PARK AVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32308 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3148657 City & State Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BATEMAN FREDERICK L.JR Street Address (P.O. Box Number is Not Acceptable) 300 E PARK AVE TALLAHASSEE FL 32301 Zip Code City 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. I am familiar with, and accept he obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE TITLE Delete BATEMAN, FREDERICK L JR NAME NAME 300 E PARK AVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. ~ CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITI F TITLE

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 of true 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 address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE REQUIFICEDERICK L. BATEMAN, JR 8-30-02

FILED