

1944-
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J60738

1. Entity Name

BASCO, Inc.,
a Florida corporation

FILED

00 MAR 15 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

40 Daniel A. Suchman [Same]
P.O. Box 11378
Bainbridge Island, WA 98110-5378

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2782921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: McKean, Paul, Chryx + Fletcher Professional Association
Street Address (P.O. Box Number is Not Acceptable):
Attn: Jamie J. Byington
6401 S.W. 87 Ave., Suite 210
City: Miami FL Zip Code: 33173

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: By: McKean, Paul, Chryx + Fletcher Professional Association

JAMIE J. BYINGTON, Shareholder/Director
(NOTE: Registered Agent signature required when reinstating)

X 3/13/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D.P.
NAME: Daniel A. Suchman
STREET ADDRESS: P.O. Box 11378
CITY-ST-ZIP: Bainbridge Island, WA 98110-5378

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
NAME:
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:

DANIEL A. SUCHMAN, President

PAYNE MAR 15 2000

3/7/2000 (206) 842-9700

Date

Daytime Phone #

CR2E034 (9/99)