

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90036 047 \*\*\*150.00

**DOCUMENT # P95000092433**

1. Entity Name  
**BASCO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **S FAULKENBURG TAMPA FL 33619 US**  
 Mailing Address: **PO BOX 868 VALRICO PR 33595-0868 US**

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **65-0653934** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEFEW, PAUL**  
**2621 GREEN VALLEY ST.**  
**VALRICO FL 33594**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>LEFEW, PAUL</b>	
STREET ADDRESS: <b>2621 GREEN VALLEY ST.</b>	
CITY-ST-ZIP: <b>VALRICO FL</b>	
TITLE: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>NICHOLAS, GANJ ALAN</b>	
STREET ADDRESS: <b>6606 MADISON E ST. LN.</b>	
CITY-ST-ZIP: <b>TAMPA FL 33619</b>	
TITLE: <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>BRANDEL, GREGORY G</b>	
STREET ADDRESS: <b>15501 BRUCE B DOWNS BLVD.</b>	
CITY-ST-ZIP: <b>TAMPA FL 33647</b>	
TITLE: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>AREND, RONALD</b>	
STREET ADDRESS: <b>12141 STATE STREET</b>	
CITY-ST-ZIP: <b>OLDSMAR FL 33635</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul Lefew DATE: 2-17-00 813  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 661-4374

CR2E034 (9/99)