

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P00000014534

1. Entity Name

BASSETT MANAGEMENT SERVICES, INC.



Principal Place of Business

**145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3636967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADLER, LEE M
145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000753877
05/22/07-80039-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ADLER, LEE M
145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ADLER, MARLENE
145 N. SPRING TRAIL
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SUGAR, RICHARD A
30 N LASALLE STREET STE 3000
CHICAGO, IL 60602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

407 682 7789

Daytime Phone