

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90479 002 ***150.00

DOCUMENT # 238772

1. Entity Name

BASSWOOD, INC. OF FLORIDA

Principal Place of Business

**P. O. BOX 248
CRYSTAL LAKE IL 60039-0246
US**

Mailing Address

**P. O. BOX 248
CRYSTAL LAKE IL 60039-0248
US**

DUU0JJUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0917357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Mr. Michael Widoff
3210 N.E. 57th Ct.
Ft. Lauderdale, Fla.
33308**

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

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WIDOFF, GERSON F.**
CITY-ST-ZIP **P.O. BOX 248 N/A
CRYSTAL LAKE IL 60039-0248**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WIDOFF, WAWANNA**
CITY-ST-ZIP **P.O. BOX 248 N/A
CRYSTAL LAKE IL 60039-0248**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WIDOFF, GERSON F**
CITY-ST-ZIP **P.O. BOX 248 N/A
CRYSTAL LAKE IL 60039-0248**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information indicated on this 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 person authorized 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 attached document, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

815 338 3217

Daytime Phone #

CR2E034 (9/01)