

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91285 018 ***158.75

DOCUMENT # 458318
1. Entity Name
 H. H. BASKIN, SR. RENTAL PROPERTIES, INC.

Principal Place of Business **Mailing Address**
 Clearwater, FL 33756 703 Court Street
 703 Court St. Clearwater, FL 33756

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 **Applied For**
 59-1557374 ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

A0067634

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 THOMAS C. JENNINGS III
 703 Court Street
 Clearwater, FL 33756

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 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, 2001 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 PD ☐ Delete	NAME Cynthia B. Lyon STREET ADDRESS 763 Sailfish Dr. CITY-STATE-ZIP Ft. Walton Beach, FL
TITLE STD ☐ Delete	NAME H. H. Baskin, Jr. STREET ADDRESS 703 Court Street CITY-STATE-ZIP Clearwater, FL 33756
TITLE VPD ☐ Delete	NAME Joyce S. Baskin STREET ADDRESS 703 Court Street CITY-STATE-ZIP Clearwater, FL 33756
TITLE VPD ☐ Delete	NAME William E. Lyon STREET ADDRESS 763 Sailfish Dr. CITY-STATE-ZIP Ft. Walton Beach, FL
TITLE NAME ☐ Delete	STREET ADDRESS CITY-STATE-ZIP
TITLE NAME ☐ Delete	STREET ADDRESS CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition	STREET ADDRESS CITY-STATE-ZIP
TITLE NAME ☐ Change ☐ Addition	STREET ADDRESS CITY-STATE-ZIP
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TITLE NAME ☐ Change ☐ Addition	STREET ADDRESS CITY-STATE-ZIP
TITLE NAME ☐ Change ☐ Addition	STREET ADDRESS CITY-STATE-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: *Joyce S. Baskin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Joyce S. Baskin
Date 4/27/2001 **727-441-4550**
Daytime Phone #

CR2E034 (11/00)