

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 814294

1. Entity Name
TAMIAMI BASKET CENTER, INC.



Principal Place of Business

PO BOX 710
PUTNEY, VT 05346 US

Mailing Address

THOMAS W. COSTELLO, P.C.
PO BOX 483, 51 PUTNEY RD
BRATTLEBORO, VT 05301

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0211496

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

BERG, SKIP
1872 S. TAMIAMI TRAIL SUITE D
VENICE, FL 34293

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OBUCHOWSKI, MICHAEL
STREET ADDRESS	72 ATKINSON ST.
CITY-ST-ZIP	BELLOWS FALLS, VT
TITLE	PTD
NAME	WILSON, GREGORY D
STREET ADDRESS	RIVER ROAD
CITY-ST-ZIP	PUTNEY, VT
TITLE	S
NAME	COSTELLO, THOMAS W
STREET ADDRESS	51 PUTNEY ROAD
CITY-ST-ZIP	BRATTLEBORO, VT 05301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955730
07/22/08-80004-008 150.00

**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

7/18/08

Date

Daytime Phone #