

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90012 020 \*\*\*550.00

**DOCUMENT # F99000003980**

**1. Entity Name**  
**BAS ACCOUNTING & CONSULTING GROUP INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
16212 BOTHELL-EVERETT HWY	16212 BOTHELL-EVERETT HWY
PMB #F257	PMB #F257
MILL CREEK WA 98012	MILL CREEK WA 98012



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 91-1428650		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>FLANAGAN, ROBERT J</b> <b>114 VARSITY CIRCLE</b> <b>ALTAMONTE SPRINGS FL 32714</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPT	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANAGAN, ROBERT J		NAME	JENNIFER R. FLANAGAN	
STREET ADDRESS	114 VARSITY CIRCLE		STREET ADDRESS	1238 RESACA ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	Pittsburgh, PA 15212	
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, SALLY A		NAME		
STREET ADDRESS	356 GRANITE AVE		STREET ADDRESS		
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *R. J. Flanagan* **SIGNATURE REQUIRED** **9.4.02** **407-788-9301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)