

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000005765**1. Entity Name
BASE INTERNATIONAL SERVICES, INC.

Principal Place of Business 1749 PAINTER RUN ROAD PITTSBURGH PA 15241	Mailing Address 1749 PAINTER RUN ROAD PITTSBURGH PA 15241
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2. Principal Place of Business 1646-2 COLONIAL BOULEVARD	3. Mailing Address 1646-2 COLONIAL BOULEVARD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FORT MYERS FL	City & State FORT MYERS FL
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Zip 33907	Country US	Zip 33907	Country US
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4. FEI Number 25-1669957	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLEE CHARLES J
8600 SOUTH OCEAN DRIVE
APT. 1106
JENSEN BEACH FL 34957 US**7. Name and Address of New Registered Agent**

Name LEE CHARLES J
Street Address (P.O. Box Number is Not Acceptable) 4902 SKYLINE BOULEVARD
City CAPE CORAL FL
Zip Code 33914

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 **CHARLES J. LEE****02/21/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE CHARLES J 1749 PAINTER RUN ROAD PITTSBURGH PA 15241 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE CHARLES J 1646-2 COLONIAL BOULEVARD FORT MYERS FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles J. Lee

Pres

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)