FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # G51392** 1. Entity Name \_-. BASIL APPLIANCE SALES AND SERVICE, INC. 4-09-2001 90047 041 \*\*\*150.00 Principal Place of Business Mailing Address 2381 S. MCCALL ROAD 2381 S. MCCALL ROAD ENGLEWOOD FL 34224 **ENGLEWOOD FL 34224** CUU43060 2. Principal Place of Business 1468 Deer Creek Dr. 3. Mailing Address Creek 1468 Deer Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-2319607 Applied For Englewood EL. -trylewood-Not Applicable Country Country \$8.75 Additional 34223 5. Certificate of Status Desired usA Charlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERALDINE, BASILOTTO Street Address (P.O. Box Number is Not Acceptable) 1468 DEER CREEK DRIVE ENGLEWOOD FL 34223 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete ☐ Change BASILOTTO, PAUL NAME NAME 1468 DEER CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL CITY-ST-ZIP ☐ Delete ☐ Addition BASILOTTO, GERALDINE NAME NAME 468 Deer Creek Ur 1468 DEER CREEK DRIVE STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP CITY-ST-ZIP Englewood FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldine BASILOTTO