2000 UNIFORM BUSINESS REPORT (UBR)

Feb 23, 2000 8:00 am Secretary of State **DOCUMENT # G63416** 02-23-2000 90017 022 ***150.00 BASS PROPERTY MAINTENANCE, INC. Mailing Address Principal Place of Business 1102 HYDE PARK ROAD 1102 HYDE PARK ROAD 616729 LOXAHATCHEE FL 33470-4970 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2330385 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASS, JAMES Street Address (P.O. Box Number is Not Acceptable) 1102 HYDE PARK RD. LOXAHATCHEE FL 33470 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete BASS, JAMES NAME STREET ADDRESS 1102 HYDE PARK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 Change Addition ☐ Delete TITLE TITLE BASS, WESLEY NAME NAME 1102 HYDE PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Change _ 🔲 Addition Delete TITLE: TITLE BASS, KIMBERLY NAME STREET ADDRESS 1102 HYDE PARK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE 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

FILED

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYS 2/17/00 (561)79

changed, or on an attachmer

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