FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 04, 2002 8:00 am G63416 DOCUMENT # **Secretary of State** 1. Entity Name 03-04-2002 90011 036 ***158.75 BASS PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address 2098 RESTON CIR. 2098 RESTON CIR. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2330385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS, JAMES Street Address (P.O. Box Number is Not Acceptable) 2098 RESTON CIR. WEST PALM BEACH FL 33411 City Zip Code 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, 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete TITLE Addition Bass, James BASS, JAMES NAME NAME 2098 RESTON CIR. 2098 Reston cir. STREET ADDRESS STREET ADDRESS Royal Palm Brach FL 33411 ROYAL PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP Change TITLE VP ☐ Delete TITLE ☐ Addition BASS, WESLEY NAME NAME STREET ADDRESS **630 6TH WAY** STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BASS, KIMBERLY NAME STREET ADDRESS 2098 RESTON CIR. STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.