

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90024 021 ***158.75

DOCUMENT # H87103

1. Entity Name

HAMDEN H. BASKIN, III, P.A.



Principal Place of Business

516 N FT./ HARRISON AVE
CLEARWATER FL 33755
US

Mailing Address

516 N FT./ HARRISON AVE
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2611703

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASKIN, HAMDEN H., III
516 N FT HARRISON AVE
CLEARWATER FL 34615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTDS
BASKIN, HAMDEN H., III
516 N FT HARRISON AVE
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAMDEN H. BASKIN, III, President 2/28/03 727-447-2994

CR2E034 (10/02)

Attachment
Law Offices
of
Hamden H. Baskin, III, P.A.

H87103
80045874

516 No. Ft. Harrison Avenue
Clearwater, Florida 33755

Telephone: 727/447-2994
Fax: 727/446-0049

February 28, 2003

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Hamden H. Baskin, III, P.A.
Annual Report/Document

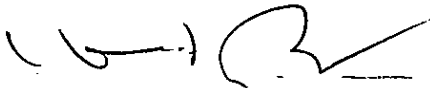
Dear Sir:

I enclose herewith the Profit Corporation Annual Report 2003 for Hamden H. Baskin, III, P.A. Also enclosed is our client's check in the amount of \$158.75 representing the filing fee of \$150.00 and \$8.75 for Certificate of Status.

Kindly process same and return to my office and the envelope provided for your convenience.

If you should have any questions please feel free to contact our office and with the kindest of personal regards, I remain

Sincerely yours,



Hamden H. Baskin, III
Attorney at Law

HHBIII:dlw

Enclosures: as stated