

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91555 031 \*\*\*150.00

**DOCUMENT # H91334**

1. Entity Name  
**BASS LIGHTING, INC.**

Principal Place of Business  
**1606 CAPITAL CIR. N.E.**  
**TALLAHASSEE FL 32308**  
**US**

Mailing Address  
**1606 CAPITAL CIR. N.E.**  
**TALLAHASSEE FL 32308**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**407 E 9th Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1269**  
 Suite, Apt. #, etc.

City & State  
**Havana FL**  
 Zip  
**32333**  
 Country  
**USA**

City & State  
**Havana FL**  
 Zip  
**32333**  
 Country  
**USA**

4. FEI Number  
**59-2621008**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILKINSON, BEN H.**  
**215 S. MONROE STREET**  
**SUITE 200**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
 NAME **PD**  
 STREET ADDRESS **BASS, EDWARD NEAL JR.**  
 CITY-ST-ZIP **407 E. NINTH AVENUE**  
**HAVANA FL 32333** ☐ Delete

TITLE  
 NAME **D**  
 STREET ADDRESS **KRAPF, ANTHONY J.**  
 CITY-ST-ZIP **8606 BANNERMAN BLUFF CT**  
**TALLAHASSEE FL 32312** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE  
 NAME **D**  
 STREET ADDRESS **Karen K. Bass**  
 CITY-ST-ZIP **407 E. Ninth Ave.**  
**Havana FL 32333** ☐ Change ☒ Addition

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: Edward N. Bass Jr. **4-15-02** **850-539-6121**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)