

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90077 001 ***150.00

DOCUMENT # J31525

1. Entity Name
ALL IN A BASKET, INC.



Principal Place of Business
**7810 LAGO DEL MAR DR. #110
BOCA RATON FL 33433**

Mailing Address
**7810 LAGO DEL MAR DR. #110
BOCA RATON FL 33433**

90011900



2. Principal Place of Business
5222 MAJORCA CLUB DR

3. Mailing Address
5222 MAJORCA CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **59-2713687**

Applied For
Not Applicable

Zip Country
33486 US

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33486 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNEL, ELYSE F.
7810 LAGO DEL MAR DR. #110
X
BOCA RATON FL 33433

Name **ARNE, ELYSE F.**
Street Address (P.O. Box Number is Not Acceptable)
5222 MAJORCA CLUB DR
City **BOCA RATON, FL** Zip Code **33486**

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 **PSD** ☐ Delete
NAME **ARNEL, ELYSE F.**
STREET ADDRESS **7810 LAGO DELMAR, #110**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME **5222 MAJORCA CLUB DR**
STREET ADDRESS **BOCA RATON FL 33486**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

1/21/03

Date

561 391 0285

Daytime Phone #

CR2E034 (10/02)