

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90116 023 ***150.00

DOCUMENT # J75668

1. Entity Name
BASQUILL ASSOCIATES, INC.



Principal Place of Business
**9231 EMILY CIR
LAKE WORTH FL 33467-3600
US**

Mailing Address
**9231 EMILY CIR
LAKE WORTH FL 33467-3600
US**

22001278



2. Principal Place of Business
1837 Waldorf Drive
Suite, Apt. #, etc.

3. Mailing Address
1837 Waldorf Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ROYAL PALM BEACH, Florida
Zip Country
33411 USA

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ROYAL PALM BEACH, Florida
Zip Country
33411 USA

4. FEI Number **59-2809194** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BASQUILL, EDWARD P.
9231 EMILY CIRCLE
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent
Name **EDWARD P. BASQUILL**
Street Address (P.O. Box Number is Not Acceptable)
1837 Waldorf Drive
City **ROYAL PALM BEACH** FL Zip Code **33411**

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 *Edward P. Basquill* **EDWARD P. BASQUILL** **1/30/03**
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	
TITLE	CP <input type="checkbox"/> Delete
NAME	BASQUILL, EDWARD P
STREET ADDRESS	9231 EMILY CIRCLE
CITY-ST-ZIP	LAKEWORTH FL
TITLE	ST <input type="checkbox"/> Delete
NAME	BASQUILL, BARBARA J
STREET ADDRESS	9231 EMILY CIRCLE
CITY-ST-ZIP	LAKEWORTH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Basquill
STREET ADDRESS	1837 Waldorf Drive
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Basquill
STREET ADDRESS	1837 Waldorf Drive
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward P. Basquill* **EDWARD P. BASQUILL** **1/30/03** **561-790-1910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)