

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J92486

1. Entity Name

BASS MARINE TAXI, INC.

Principal Place of Business

2800 UNIVERSITY BLVD., STE. 375  
JACKSONVILLE FL 32216

Mailing Address

2800 UNIVERSITY BLVD., STE. 375  
JACKSONVILLE FL 32216

2. Principal Place of Business

1015 Atlantic Blvd. 317

3. Mailing Address

1015 Atlantic Blvd. 317

City & State

Atlantic Beach, FL

City & State

Atlantic Beach FL

Zip

32233

Country

USA.

Zip

32233

Country

U.S.A.

4. FEI Number

59-2842220

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H ESQUIRE  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Nick Andrew

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

1015 Atlantic Blvd

317

City

Atlantic Beach

FL

Zip Code

32233

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

*Nick Andrew* (Nick Andrew)

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

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | D                 | <input checked="" type="checkbox"/> Delete |
| NAME           | BASS, JAMES E. JR |  |
| STREET ADDRESS | 6737 POWERS AVE.  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL   |  |
| TITLE          | D                 | <input checked="" type="checkbox"/> Delete |
| NAME           | BASS, REBECCA L.  |  |
| STREET ADDRESS | 6737 POWERS AVE.  |  |
| CITY-ST-ZIP    | JACKSONVILLE 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    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P.T. S                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Nick Andrew                 |  |
| STREET ADDRESS | 1911 Grove St. Jax, Bch, FL |  |
| CITY-ST-ZIP    | 32250                       |  |
| 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    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| 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.

SIGNATURE:

*Nick Andrew* (Nick Andrew)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90046 035 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR25034 (5/00)