

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90288 014 ***150.00

DOCUMENT # K15310

1. Entity Name
BASSETT BROTHERS OF PINELLAS, INC.

Principal Place of Business
6285 71STREET N.
PINELLAS PARK FL 33781-4833

Mailing Address
7346 PARK SIDE VILLA DR
SAINT PETERSBURG FL 33709
US

2. Principal Place of Business
1403 4th AVE. S.W.
 Suite, Apt. #, etc.

3. Mailing Address
1403 4th AVE. S.W.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LARGO, FL.
Zip
33770

Country

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LARGO, FL.
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4. FEI Number
59-2876931

Applied For
☐ **Not Applicable**

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

MATTSON, RICK A.
7113 FIRST AVE S.
ST PETERSBURG FL 33733

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 _____ 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BASSETT, HOWARD W.
7346 PARK SIDE VILLA DR
SAINT PETERSBURG FL 33709

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

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CITY-ST-ZIP

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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: Howard W. Bassett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 727) 584-5690
 Date Daytime Phone #

CR2E034 (9/01)