2003 FOR PROFIT CORPORAT

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

K50964

1. Entity Name

THE BASA CORPORATION



**FILED** Aug 04, 2003 8:00 am Secretary of State

08-04-2003 90148 031 \*\*\*150.00

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	e of Business	Mailing Address							
26133 US HW	Y 19 N	26133 US HWY 19 N							
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CLEARWATER US	FL 33763	US							
2. Principal Place of Business		3. Mailing Address 14004 Roosevelt Blod		$\overline{L}$		I BILLE (DI 18 AUSTI 18 DE ESENTE		isen dien sen	
14004 Roosevelt Blud.		Suite, Apt. #, etc.		~	-				
Suite, Apt. #, etc. SNC 601 A		1 StelloiA			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	4. FEI Number 59-2956640			Applied For	
<u>Uea</u>	cwater FL	1 1 1000 0 17 10 10	FL		J <del>J</del> 2		\$8.75 Add	ot Applicable	-
3331	2 ÜSA	zip 33762	ÜSA	5.	Certificate of Status	Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address	of New Registered	Agent		-
ALLEN B	ON 14		^ Name						Ì
ALLEN, D			Street A	ddress (P.Q.	Box Number is Not A	cceptable)	•		1
	HWY 19N		1.4	००५ छ	oasevelt 1	31/0:			┨
STE 311				.601A					
CLEARWA	NTER FL 33763 (1977)		°(r¥ / €	from or	er E1 37	nbz FL	Zip,Cod	62	ł
8. The above	named entity subriffs this statement fo	r the purpose of changing its re						_	1
the obligat	ions of registered agent.		•	· ·	•				
NOTATION.									1
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signat	ure required when	reinstating)	DATE			
7 · · · · ·	ILE NOW!!! FEE IS \$550.00	· · · · · · · · · · · · · · · · · · ·							1
	ptember 10, 2003 Fee will be \$750	.00			<b>.</b>	mpaign Financing		IO May Be If to Fees	
	c Payable to Florida Department of				Trust Fund (	Softalbation.	_ Audec	I to rees	
10.	OFFICERS AND	DIRECTORS	11.	А	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTOR	S IN 11	],
TITLE	D ý.	☐ Delete	TITLE				🔀 Change	☐ Addition	Ś
NAME	ALLEN, DON M.		NAME	المطندا	D -5 11 21	W SID GAIA			;
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NAME STREET ADDRESS	ALLEN, BRENDA H 26133 US HWY 19 N STE 311		NAME STREET ADDRESS	Monu	1 Roosevelt	Blud Stebol	A		}
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP	Close	nter Fl 3	BNJ Stebo1 33762			l
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12. Thereby 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:** 



August 1, 2003

Florida Dept of State Div. of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Sir/Madam,

I am writing this letter as an apology to the State because I did not receive the Uniform Business Report a few months ago; thus, I am delinquent in renewing. Our office moved to a new location and some mail just does not get forwarded(i.e.address change on form)

For the past twenty years, I have usually been very prompt paying all of our bills. Hopefully, you will waive the additional \$400 and I am sending you a check for the original amount of \$150.00.

Thank you for your understanding.

Sincerely,

Don M. Allen