

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90234

1. Entity Name

BASIC COMPANIES, INC.

Principal Place of Business

5307 Johnson Ave.  
Haines City, FL 33844

Mailing Address

P.O. Box 2007  
Haines City, FL 33845-2007

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 11 AM 8:29

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number  
59-2951436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATRICIA S. OWEN  
5307 Johnson Avenue  
Haines City, FL 33844

(mail)  
P.O. Box 2007  
Haines City, FL  
33845-2007

7. Name and Address of New Registered Agent

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 Patricia S. Owen, Resident Agent

June 1, 2000

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, 2000 Fee will be \$550.00**  
**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	President	<input type="checkbox"/> Delete
NAME	Kenneth A. Owen	
STREET ADDRESS	5307 Johnson Avenue	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Samuel D. Weddington	
STREET ADDRESS	57 B Moore Road	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Frances G. Owen	
STREET ADDRESS	5313 Johnson Avenue	
CITY-ST-ZIP	Haines City, FL 33844	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberlee O. Mawyer	
STREET ADDRESS	5301 Johnson Avenue	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE		<input type="checkbox"/> Change <input checked="" 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:

Kenneth A. Owen

June 1, 2000

Date

Daytime Phone #

CR2E034 (9/99)