

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004647

1. Entity Name

D.R. BASS, L.L.C.

Principal Place of Business

Mailing Address

121 PALM TRAIL
EAST PALATKA FL 32131

121 PALM TRAIL
EAST PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

East Palatka FL

Zip

Country

Zip

Country

32131

Putnam

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, DAANIEL R
121 PALM TRAIL
EAST PALATKA FL 32131

Name

Daniel BASS (name correction)

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

same

City

same

FL

Zip Code

same

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

Daniel R. Bass

Daniel R. Bass

7-9-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Daniel R. Bass
121 Palm Tr. / P.O. Box 652
E. Palatka FL 32131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004509650--0
-07/31/01--01060--019
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Daniel R. Bass

SIGNATURE REQUIRED

7-9-01 386-325-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

01 JUL 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required