2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004647

1. Entity Name

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



FILED
Jan 06, 2003 8:00 am
Secretary of State
01-06-2003 90130 020 ****50.00

PI PALM TRAIL		Mailing Address P.O. BOX 652 EAST PALATKA FL 32131	P.O. BOX 652							
Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			per NOT APPLIC	ABLE		lied For Applicable	
Zip	Country	Zip	Zip Coun			e of Status Desired	□ Ė.	5.00 Addit ee Required		
	6. Name and Address of Current	Registered Agent	istered Agent Name			7. Name and Address of New Registered Agent				
BAS	S,-DANIEL-R									
, 121	PALM TRAIL F PALATKA FL 32131		Street Addr		ss (P.O. Box Numb	er is Not Acceptable)	-ne :			
•							FL	Zip Code		
the obligation	named entity submits this statement to one of registered agent. Signature, typed or printed name of registered agent				stered agent, or be	oth, in the State of Florid	a. I am fa	miliar with, a	nd accept	
	MANAGING MEMB	ie to Fi	ay 1, 2003	00 ment of State	ADDITIONS/CI	ANGES				
} .	PRES MANAGING MEMB	Delete	TITL					Change	☐ Addition	
ITTLE NAME STREET ADORESS CITY-ST-ZIP	BASS, DANIEL R 121 PALM TRAIL EAST PALATKA FL 32131	∟ Delete	NAM STR	1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dominous	☐ Delete	I .	1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITI NAI STE	LE		· . · ·	,	Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete		ŀ				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied wi	□ Delete	TITI NAI STF	LE ME REET ADDRESS Y-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I fu	urther cert	☐ Change	Addition	

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 limited liability company or the reselver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: