

2001 UNIFORM BUSINESS REPORT (UBR)

0012853 AF

DOCUMENT # L00000010368

1. Entity Name

BASS UNDERWRITERS OF ATLANTA, LLC

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1097 SHOTGUN ROAD
FORT LAUDERDALE FL 33326

Mailing Address

1097 SHOTGUN ROAD
FORT LAUDERDALE FL 33326

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1035176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004463260--2

-07/09/01--01007--022

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME JACKSON, EDWARD P
STREET ADDRESS 1097 SHOTGUN ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE MGRM ☐ Delete
NAME ANDERTON, JOSEPH W
STREET ADDRESS 1097 SHOTGUN ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE MGRM ☐ Delete
NAME KHAN, JENNIFER R
STREET ADDRESS 1097 SHOTGUN ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

5/1/01

954-473-4488

CR2E083 (11/00)