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Secretary of State
02-05-2003 90038 050 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027171

1. Entity Name
BASINGER BROTHERS AND CO., LLC

20023651

Principal Place of Business	Mailing Address
9158 BAY COVE LN. JACKSONVILLE FL 32257	9158 BAY COVE LN. JACKSONVILLE FL 32257

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3928 Baymeadows Rd.	9158 Bay Cove Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32217 Country	Zip: 32257 Country

4. FEI Number: 01-0743203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BASINGER, M. BRANTLEY
9158 BAY COVE LN.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: Robert Piccirilli
Street Address (P.O. Box Number is Not Acceptable): 14014 N. 46th ST.
City: Tampa FL Zip Code: 33613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 1-28-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Broker / President NAME: Robert Piccirilli STREET ADDRESS: 14014 N. 46th ST. CITY-ST-ZIP: Tampa FL 33613	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Sales Representative NAME: M. Brantley Basinger STREET ADDRESS: 3928 Baymeadows Rd. CITY-ST-ZIP: Jacksonville, FL 32217	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] Robert Piccirilli 1-28-03 (813) 977-0079x117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #