

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90144 004 ***150.00

DOCUMENT # L98749

1. Entity Name
BASKETS TO REMEMBER, INC.

Principal Place of Business
**146 FOURTH AVE NE
ST. PETERSBURG FL 33701
US**

Mailing Address
**146 FOURTH AVE NE
ST. PETERSBURG FL 33701
US**

00033997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		1414 85th AVENUE NORTH		59-3030646		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		Suite, Apt. #, etc.		ST. PETERSBURG, FL		<input type="checkbox"/> Applied For	
Zip		Country		33702		US	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DRUYOR, JOLYNN 146 FOURTH AVE NE ST. PETERSBURG FL 33701				Name			
				DRUYOR, JOLYNN			
				Street Address (P.O. Box Number is Not Acceptable)			
				1414 85th AVENUE NORTH			
City				ST. PETERSBURG		FL	
Zip Code				33702			

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 *Jolynn Druyor*

4/3/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRUYOR, JOLYNN		NAME		
STREET ADDRESS	1414 85TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRUYOR, BILL		NAME		
STREET ADDRESS	1414 85TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Bill Druyor* (BILL DRUYOR, V.P.) 4/3/01 727-643-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)