

# 2000 UNIFORM BUSINESS REPORT (UBR)

178

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 22 PM 12:48

DOCUMENT # L99000002413

1. Entity Name

BASS CONSTRUCTION OF SOUTHEAST FLORIDA, LLC

Principal Place of Business

1097 SHOTGUN ROAD  
FORT LAUDERDALE FL 33326

Mailing Address

1097 SHOTGUN ROAD  
FORT LAUDERDALE FL 33326-1941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0914030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

*Joseph A. Anderton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

954-473-4488

CP2E083 (9/99)