

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000014534

1. Entity Name
BASSETT MANAGEMENT SERVICES, INC.



Principal Place of Business
145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714

Mailing Address
145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3636967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADLER, LEE M
145 N. SPRING TR.
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
000000950111

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

06/03/08-80056-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ADLER, LEE M
STREET ADDRESS	145 N. SPRING TR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	S
NAME	ADLER, MARLENE
STREET ADDRESS	145 N. SPRING TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	AS
NAME	SUGAR, RICHARD A
STREET ADDRESS	30 N LASALLE STREET STE 3000
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 407682-7789

Date

Daytime Phone #