

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021657

1. Entity Name

ANOTHER BASKET CASE, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90309 004 \*\*\*150.00

Principal Place of Business

3444 NORTHEAST 12TH AVENUE  
FORT LAUDERDALE FL 33334

Mailing Address

3444 NORTHEAST 12TH AVENUE  
FORT LAUDERDALE FL 33334

2. Principal Place of Business

4754 N.E. 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

4754 N.E. 12 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0986732

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, HAMILTON

3444 NORTHEAST 12TH AVENUE  
FORT LAUDERDALE FL 33334

Name

DOYLE, HAMILTON

Street Address (P.O. Box Number is Not Acceptable)

4754 N.E. 12 AVE

City

FT. LAUDERDALE

FL

Zip Code  
33334

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

954938-9996

Daytime Phone #

CR2E034 (10/00)