


2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P00000034366</b>			
1. Entity Name <b>BASS AND FLATS, INC.</b>			
Principal Place of Business 2451 MCMULLEN BOOTH RD. 310 CLEARWATER, FL 33759		Mailing Address 2451 MCMULLEN BOOTH RD. 310 CLEARWATER, FL 33759	
2. Principal Place of Business <i>1919 Rogers Road</i>		3. Mailing Address <i>1919 Rogers Road</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Odessa, FL</i>		City & State <i>Odessa, FL</i>	
Zip <i>33556</i>		Country <i>U.S.</i>	
4. FEI Number <i>59-3640607</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HUTCHENS, GREG</b> 2451 MCMULLEN BOOTH RD. CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street <i>1919 Rogers Road</i> City <i>Odessa</i> FL Zip Code <i>33556</i>	
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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P HUTCHINS, GREGORY 2451 MCMULLEN BOOTH RD., #310 CLEARWATER, FL 33759 <input type="checkbox"/> Delete		<i>1919 Rogers Road</i> <i>Odessa, FL 33556</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Greg Hutchins</i>		4/23/03 813-920-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)