

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90025 007 \*\*\*150.00

006690  
 1A

**DOCUMENT # P00000044246**

1. Entity Name

**BASKETS OF EXPRESSION, INC.**

Principal Place of Business

Mailing Address

**10210 SW BOGGESS AVE**  
**ARCADIA FL 34266**

**10210 SW BOGGESS AVE**  
**ARCADIA FL 34266**

201494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1012106**

Applied For

Not Applicable

Zip

Country

Zip

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

**WINNIMAN, ROSEANN**

**10210 SW BOGGESS AVE**

**ARCADIA FL 34266**

Name

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

City

**FL**

Zip Code

**34269**

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, 2002 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 **PS WINNIMAN, ROSEANN**  
 STREET ADDRESS **10210 SW BOGGESS AVE**  
 CITY-ST-ZIP **ARCADIA FL 34266 34269**

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

TITLE ☐ Delete  
 NAME **VT CHRISTENSEN, WALTER**  
 STREET ADDRESS **10210 SW BOGGESS AVE**  
 CITY-ST-ZIP **ARCADIA FL 34266 34269**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/08/02 8639930648**  
 Date Daytime Phone #

CR2E034 (9/01)

**Walter Christensen**

*Doc # P00000044246*

**From:** "Walter Christensen"  
**Sent:** Tuesday, January 08, 2002 9:06 AM  
**Subject:** For Division of Corporations  
Dear Sir/Madam:

*301494*

I own Baskets of Expression, Inc. My FEI#65-1012106

Reference doc# P00000044246

**Our zip code has changed to 34269 from 34266**

Please make note of the above.

Thank you,  
Roseann Winniman  
Baskets of Expression, Inc.  
10210 SW Boggess Avenue  
Arcadia, FL 34269  
863 993 0648--phone

*SENT to your office via  
e-mail Jan 8, 2002*

*Ru*

1/8/2002