

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

0607983  
 AV

**DOCUMENT # P00000049299**

1. Entity Name  
**BASSIC-LEE DESIGNS, INC.**

02-25-2002 90090 048 \*\*\*150.00

Principal Place of Business Mailing Address  
**1502-8 MAINSAIL DRIVE P.O. BOX 310**  
**NAPLES FL 34114 MARCO ISLAND FL 34146**



2. Principal Place of Business 3. Mailing Address  
**1864 Dogwood Dr SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-3647879** Applied For  
**Marco Island, FL** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
**34145 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**BROVITZ, LEE A** Name **Brovitz, Lee A**  
**1502-8 MAINSAIL DRIVE** Street Address (P.O. Box Number is Not Acceptable)  
**NAPLES FL 34114** **1864 Dogwood Drive**  
 City **Marco Island** FL Zip Code **34145**

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 *Lee A Brovitz* DATE 2/10/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>BROVITZ, LEE A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROVITZ, LEE A</b>		NAME	<b>1864 DOGWOOD DRIVE</b>	
STREET ADDRESS	<b>1502-8 MAINSAIL DRIVE</b>		STREET ADDRESS	<b>MARCO ISLAND, FL 34145</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date

Daytime Phone #

2/10/02 941-285-8000

CR2E034 (9/01)