

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-11-2001 90017 041 ***150.00

DOCUMENT # P00000050965

1. Entity Name

HAULIN' BASS, INC.

Principal Place of Business

**2427 WINTHROP ROAD
TALLAHASSEE FL 32312**

Mailing Address

**2427 WINTHROP ROAD
TALLAHASSEE FL 32312**

2. Principal Place of Business

249 Starmount Dr.

Suite, Apt. #, etc.

Tallahassee FL

City & State

Zip

32303

Country

Lecon

3. Mailing Address

249 Starmount Dr.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32303

Country

Lecon

4. FEI Number

59-3648922

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASS, ROBERT E JR.
2427 WINTHROP ROAD
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **Robert E Bass Jr.**

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

249 Starmount Dr.

City **Tallahassee**

FL

Zip Code

32303

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

Robert E Bass

4/9/01

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

TITLE **PRESIDENT** ☐ Delete
NAME **ROBERT E BASS JR.**
STREET ADDRESS **249 STARMOUNT DR.**
CITY-ST-ZIP **TALLAHASSEE FLORIDA 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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:

Robert E Bass

4/9/01

933-9516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)