

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 001 ***150.00

DOCUMENT # **P00000091646**

1. Entity Name

BASHA ALLEN, INC.

DO NOT WRITE IN THIS SPACE

830691

2. Principal Place of Business

4953 BALOPA LANE (S)

Suite, Apt. #, etc.

#105A

City & State

ST. Petersburg, FL

Zip

33715

Country

USA

3. Mailing Address

4953 BALOPA LANE (S)

Suite, Apt. #, etc.

#105A

City & State

ST. Petersburg, FL

Zip

33715

Country

USA

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4. FEI Number

593692790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BARRY ALLENTUCK

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

4953 BALOPA LANE (S)

#105A

City

ST. Petersburg

FL

Zip Code

33715

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.

(NOT I.L.: 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BARRY ALLENTUCK
4953 BALOPA LANE (S) #105A
ST. Petersburg, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CHERYL L. Thersmann
4953 BALOPA LANE (S) #105A
ST. Petersburg, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-4-02 954-485-5448

CR2E034B (12/01)