

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90148 009 \*\*\*150.00

**DOCUMENT # P00000104496**

1. Entity Name  
**BASES LOADED!, INC.**

Principal Place of Business

Mailing Address

**7900 AMBLESIDE WAY  
 LAKE WORTH FL 33467**

**7900 AMBLESIDE WAY  
 LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

**771 VILLAGE BLVD**

**771 VILLAGE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#212**

**#212**

City & State

City & State

**WEST PALM BEACH, FL**

**WEST PALM BEACH, FL**

Zip  
**33409**

Country

**USA**

Zip  
**33409**

Country

**USA**

4. FEI Number

**65-1055332**

Applied For

Not Applicable

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

**STAHL, JODI  
 7900 AMBLESIDE WAY  
 LAKE WORTH FL 33467**

Name

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

City

**FL**

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAHL, JODI</b>	
STREET ADDRESS	<b>7900 AMBLESIDE WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Jodi Stahl**  
 Jodi Stahl

**4/14/00**  
 Date

**561-689-9220**  
 Daytime Phone #

CR2E034 (10/00)