

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90037 032 ***158.75

DOCUMENT # P01000018543

1. Entity Name

BASKETS OF BLESSINGS, INC.

Principal Place of Business

Mailing Address

29166 US 19 NORTH
 CLEARWATER FL 33761

12248 MONARCH CIRCLE
 SEMINOLE FL 33772

2. Principal Place of Business

1550 Laney Dr
 Palm Harbor
 FL

3. Mailing Address

1550 Laney Dr
 Palm Harbor
 FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

593702570

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, KIMBERLEE
 12248 MONARCH CIRCLE
 SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Cynthia Z. Adler
 1550 Laney Dr
 Palm Harbor FL 34683

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 Cynthia Z. Adler

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when registering)

DATE

04/26/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ADLER, CYNTHIA	
STREET ADDRESS	1550 LANEY DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, KIMBERLEE	
STREET ADDRESS	12248 MONARCH CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Kimberlee Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/29/02 (727) 7848661

Daytime Phone #

CR2E034 (9/01)