## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000064390 **DOCUMENT #**

1. Entity Name

BASKETHOUND, INCORPORATED

## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90214 023 \*\*\*150.00

					💜	See WE 185						
Principal Place of Business 1821 ALPINE AVE NAVARRE FL 32566			Mailing Address P.O.BOX 5504 NAVARRE FL 32566						1 <b>2</b> 11 <b>33</b> 111 <b>60</b> 111 1	POSII OPIJO DI		1 1814 <b>18</b> 14 1 <b>8</b> 81
2. Principal I	Place of Business	3. Mailing Address				-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-3729114 Applied For					
Zip Country			Zip , Cour				5. Certificate of Status Desired \$8.75 Additional Fee Required				ot Applicable ditional	
	6. Name and A	ddress of Current	Registered	Agent	<u>'                                      </u>	·	7. Name ar	d Address	of New Ren			-
GODDIN,					Nan	ne					,	
6701 PAS	O DE CORTEZ					Street Address (P.O. Box Number is Not Acceptable)						
NAVARRE FL 32566						****						
	***				City					FL	Zip Coc	
8. The above the obligat SIGNATURE.	a named entity submitions of registered as	Jenu.			registered offic	e or registere	ed agent, or b	oth, in the S	tate of Florid	a. I am fai	miliar with,	and accept
	Signature, typed or printed	name of registered agent a	ind title if applica	ble. (NOTE	E: Registered Agent si	ignature required	when reinstating)			DATE		
After Make Check	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid	will be \$550.00 da Department of			,-			lection Carr rust Fund C	paign Finan ontribution.	cing	<b>\$5.0</b> Added	0 May Be d to Fees
10.	,	OFFICERS AND	DIRECTORS	·	11.		ADDITIONS	/CHANGES	S TO OFFICE	RS AND	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS TRUDY, GODDIN 6701 PASO DE ( GULF BREEZE F	CORTEZ		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		/ARRE			[	<b>Change</b>	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRE			<del>,,_c</del>	000	(	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	SS	-		4	· [	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	•			Ē	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	702				] Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

850-936-1119