

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90064 044 ***150.00

0016693
 AV

DOCUMENT # P01000073890

1. Entity Name
THE BASKET CAFE, INC.

Principal Place of Business

**11E HARGROVE GRADE
 PALM COAST FL 32137**

Mailing Address

**131 WESTROBIN LANE
 PALM COAST FL 32164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11-E Hargrove Grade

Suite, Apt. #, etc.

City & State

City & State

Palm Coast

Zip
32137

Country

USA

Zip

Country

4. FEI Number

59-3735771

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

**SAVY, BENJAMIN
 2825 NORTH OCEANSHORE BLVD.
 BEVERLY BEACH FL**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**Kathryn M Summerlot
 131 Westrobin Ln
 Palm Coast, FL 32164 - President**

**Terry Lynn Summerlot
 131 Westrobin Lane
 Palm Coast, FL 32164 - V.P.**

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:

Kathryn M Summerlot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

Date

(386) 447-7215

Daytime Phone #

CR2E034 (9/01)