					9/8/2002-90128-043-\$150.00-\$150.00			
200	2 UNIFORM BUS	SINESS REPO	PRT (U	BR)		· 1~	or.	
	JMENT# P010	FILED				6		
1. Entity Name BASKETS BY ROBIN, INC.				/	02 OCT 16 PM 2: 02			
Principal Pla	ace of Business	Mailing Address	 :	_/	SEGNETARY TALLAHASSE	OF STATE E. FLORIDA		
101 LAKE AVE NE 205 101 LAKE AVE NE 205 LARGO FL-93781 LARGO FL-93781					TALLAHAUU			
	17188	WEE	11			1144 88 14 4 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
2. Principal Place of Business		3. Mailing Address			i iðbyldið eil mitti fleit mitti þegi þ	8881 8010 1980 1188 8 881		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable			
Žip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Ac	iditional ed	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NICHOLLS, ROBIN				John Edan, CXX				
101 LAKE AVE NE 205			30,66	Street Address (P.O. Box Number is Not Acceptable)				
LARGO F	L -99781 -	•	1156	Dover C+	-			
33141				city Salety trebe FL 2000000X				
8. The above	named entity submits this statement fations of registered agent.	or the purpose of changing its	registered office	or registered a	gent, or both, in the State of Flori			
ine obliga	tions of registered agent.					1.1.	·	
SIGNATURE	Signeture, typed or printed name of registered agent	l and title if applicable. (NOTE	: Registered Agent sig	Natura rom iron whom	reinstation).	<u> </u>		
9. This corp	oration is eligible to satisfy its Intangible		FEE IS \$55		<u> </u>	/ /		
Tax filling requirement and elects to do so. (See criteria on back) After September 13, Make Check Payable			, 2002 Fee will	be \$750.00	10. Election Campaign Finan Trust Fund Contribution.	· _ \\	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	Al	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME	D NICHOLLS, ROBIN	☐ Delete	TITLE			☐ Change	☐ Addition (S	
STREET ADDRESS CITY-ST-ZIP	101 LAKE AVE NE 205 LARGO FL 03701	11	NAME STREET ADDRESS CITY-ST-ZIP	;			HOOSIND CO.	
TITLE		☐ Delete	TITLE			☐ Change	— Addition S	
NAME Street address			NAME STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE]		Change	Addition	
STREET ADDRESS	The second secon	and the second second second second	STREET ADDRESS			 		
CITY-ST-ZIP	<u>-</u>	- .	CITY-ST-ZIP	4				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	1	•	-		
CITY-ST-ZIP			CITY-ST-ZIP	*				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME:					
CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP					
TITLE		☐ Delete	THTLE			☐ Change	Addition	
NAME Street Address			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	*				
of the corp	erify that the information supplied with on this report or supplemental report is soration or the receiver or trustee empor or on an attachment with an address, w	world to everythe this count	ne exemption sta	ted in Section 1 have the same in	19.07(3)(i), Florida Statutes, I furt egal effect as if made under oath;	her certify that the infi that I am an officer o	ormation r director	
changed, c	or on an attachment with an address, w	ith all other like empowered.	L	photour, Morio	a secutes; and that my name ap	pears in Block 11 or E	Block 12 if	

SIGNATURE:

Attachment 9782087 9782087

BASKETS BY ROBIN, INC. 101 LAKE AVE. NE. (205) LARGO, FL. 33771

September 4, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL. 32302

Dear Representative:

Upon discussion with my CPA, I learned from him that earlier this year that I should have received a Uniform Business Report form with a filing fee of \$150.00. He suggested I contact the state, which I did. Earlier today I spoke with Tieranny in Public Inquiry. She validated the information and recommended to me that I forward this letter with the \$150.00, filing fee, noting that I never received the prior form.

Sincerely,

Robin G. Nicholis cc. John Egan, CPA