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



DOCUMENT # P02000026188  1. Entity Name MESSAGE IN A BASKET, INC.					9	03 JUN SECRETA TALLAHA			•	
Principal Place of Business Mailing Address 17515 PINES BOULEVARD 17515 PINES BOULEVARD PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33						<i>R</i> J		-		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State			1 Number 5-216/660			plied For t Applicable		
Zip	Country	Zip	Country		5. Ce	ertificate of Status Desired		8.75 Add see Required		
<u> </u>	6. Name and Address of Current	Registered Agent			7. Na	me and Address of New Re	gistered Aç	ent		1
	.D, SANDRA N		1 N	ame						
17515 PINES BLVD. PEMBROKE PINES, FL 33029			Street Address (		(P.O. Bo	x Number is Not Acceptable;	)			
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1			0	ity			FL	Zip Code	9	1
The above the obligation	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered o	flice or register	red ager	nt, or both, in the State of Flor	lda. Iam fa	miliar with,	and accept	1
SIGNATURE	Signature, typhol or printed name of registered agent	and tide & application. (NOTE	E Registrad Aut	ntsignalura requirac	J when mins	₹	DATE	<del></del>	<del></del>	
	FILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00					9. Election Campaign Fina	ancina	\$5.0	0 May Be	1
	Payable to Florida Department	of State			ĺ	Trust Fund Contribution		Ádded	to Fees	
			11.	·	ADD		ı.		to Fees	
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Make Check	Payable to Florida Department OFFICERS AND	DIRECTORS .		DRESS		Trust Fund Contribution	CERS AND (	DIRECTORS	to Fees S IN 11	4 (10/02)
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12. I hereby certify that the information supplied with this filling 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:

Atzgerald andra N. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CA 10-03

9543925045

Daytime Phone #