

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/25

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90105 049 \*\*\*150.00

DOCUMENT # P02000045512

1. Entity Name  
THE BLARNEY BASKET, INC.



Principal Place of Business  
1778 KILLARN CIR  
MIDDLEBURG FL 32068

Mailing Address  
5000-18 HIGHWAY 17, BOX 186  
ORANGE PARK FL 32003

44000012



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1255629

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASTERSON, LINDA  
5000-18 HIGHWAY 17, BOX 186  
ORANGE PARK FL 32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MASTERSON, LINDA  
STREET ADDRESS 1778 KILLARN CIR  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BAKER, TAMMY M  
STREET ADDRESS 2607 SANDY HOLLOW DR  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1835 Killarn Circle  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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:

*Linda Masterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/03

Date

904  
318-2170

Daytime Phone #

CR2E034 (4/03)

Attachment

44005874

#P02000045512

The Blamey Basket  
5000-18 HWY 17 #186  
Orange Park, Florida 32003

August 22, 2003

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

This is the first notice I have received regarding the filing of this paper. I am sorry it has taken me so long to understand, that this is being sent so close to the dead line.

If there is anything missing or if I can be of further help to you please let me know.  
Your help in the matter is very appreciated.

Thank You  
Linda Masterson

