

FILED

03 JUN 19 AM 9:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057846

1. Entity Name
AMERICAN BASKET COMPANYPrincipal Place of Business
106 W ROBERTSON ST
BRANDON, FL 33511Mailing Address
106 W ROBERTSON ST
BRANDON, FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

73-1644346

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTERMAN, DEBORAH A
106 W ROBERTSON ST
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
Crowder, Cheryl RStreet Address (P.O. Box Number Is Not Acceptable)
106 W Robertson St.City
Brandon

FL

Zip Code
33511

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

Cheryl Renee Crowder

6/6/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$50.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME AUSTERMAN, DEBORAH A
STREET ADDRESS 106 W ROBERTSON ST
CITY-ST-ZIP BRANDON, FL 33511 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,S,T
NAME Crowder, Cheryl R.
STREET ADDRESS 106 W Robertson St.
CITY-ST-ZIP BRANDON, FL 33511 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 507, 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:

Deborah A. Austerman-Cheryl R Crowder 6/6/03 (813) 684-6067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)

500021082365

06/23/03-01075-009 ***61.25

7/6/19