

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91465 027 \*\*\*150.00

DOCUMENT # P02000129627 ✓

1. Entity Name

FIRST BASE INVESTMENTS, INC.



Principal Place of Business

639 AVENUE A NW  
WINTER HAVEN FL 33881

Mailing Address

639 AVENUE A NW  
WINTER HAVEN FL 33881

2. Principal Place of Business

110 WGTO Tower Rd.

Suite, Apt. #, etc.

3. Mailing Address

110 WGTO Tower Rd.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

USA

Zip

33880

Country

USA

4. FEI Number

57-1162951

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

PELLETIER, SUSAN

639 AVENUE A NW

WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Nancy McCoy

Street Address (P.O. Box Number is Not Acceptable)

110 WGTO Tower Road

City

Winter Haven

FL

Zip Code

33880

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE DPT ☐ Delete  
NAME PELLETIER, SUSAN  
STREET ADDRESS 5901 HATCHENEHA ROAD  
CITY-ST-ZIP HAINES CITY FL 33845

TITLE DVS ☒ Delete  
NAME MERKLEY, TERI  
STREET ADDRESS 3042 SPIRIT LAKE DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME DVS  
Nancy McCoy  
STREET ADDRESS 110 WGTO Tower Road  
CITY-ST-ZIP Winter Haven, FL 33880

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

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

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

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E034 (10/02)