

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000007125

1. Entity Name
GUEST GREETER, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 23 AM 10:12

Principal Place of Business
156B SPRINGWOOD CIRCLE
LONGWOOD FL 32750
US

Mailing Address
156B SPRINGWOOD CIRCLE
SUITE 106
LONGWOOD FL 32750
US



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 59-3298790

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASEM, DAVID M
156B SPRINGWOOD CIRCLE
LONGWOOD FL 32750

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BASEM, DAVID M
156B SPRINGWOOD CIRCLE
LONGWOOD FL 32750 ☐ 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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M Basem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-01

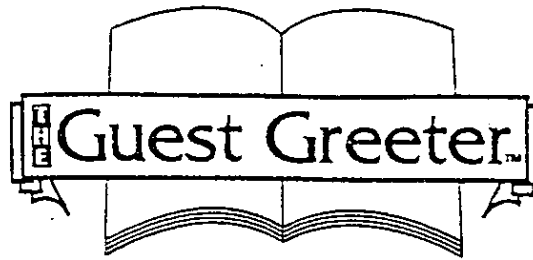
Date

407774-2766

Daytime Phone #

CR2E034 (5/01)

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156B Springwood Circle • Longwood, FL 32750
Office 407.774.2766 • Fax 407.774-1143

August 20/2001

Division of Corporations
Uniform Business Report Filing
PO Box 1500
Tallahassee, FL 32301-1500

To whom it may Concern -

Because of a serious heart attack, I was
unable to function as president of "The Guest
Greeter." As of now, I am recuperating.

Enclosed is a check for \$150.00 for this
years payment.

Respectfully
David M. Burr