

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 047 ***150.00

DOCUMENT # P95000092433

1. Entity Name
BASCO, INC.

0027381



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **S FAULKENBURG TAMPA FL 33619 US**
 Mailing Address: **PO BOX 868 VALRICO PR 33595-0868 US**

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **65-0653934** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEFEW, PAUL
2621 GREEN VALLEY ST.
VALRICO FL 33594

7. Name and Address of New Registered Agent
 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: _____ (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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE: D <input type="checkbox"/> Delete	NAME: LEFEW, PAUL
STREET ADDRESS: 2621 GREEN VALLEY ST.	
CITY-ST-ZIP: VALRICO FL	
TITLE: V <input type="checkbox"/> Delete	NAME: NICHOLAS, GANJ ALAN
STREET ADDRESS: 6606 MADISON E ST. LN.	
CITY-ST-ZIP: TAMPA FL 33619	
TITLE: S <input checked="" type="checkbox"/> Delete	NAME: BRANDEL, GREGORY G
STREET ADDRESS: 15501 BRUCE B DOWNS BLVD.	
CITY-ST-ZIP: TAMPA FL 33647	
TITLE: V <input type="checkbox"/> Delete	NAME: AREND, RONALD
STREET ADDRESS: 12141 STATE STREET	
CITY-ST-ZIP: OLDSMAR FL 33635	
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: Paul Lefew DATE: 2-17-00 813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 661-4374

CR2E034 (9/99)