

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90074 019 ***150.00

DOCUMENT # P96000000879

1. Entity Name

BASIL'S ENTERPRISES, INC.



Principal Place of Business

**1413 S.W. 17TH STREET
FORT LAUDERDALE FL 33315**

Mailing Address

**1413 S.W. 17TH STREET
FORT LAUDERDALE FL 33315**

2. Principal Place of Business

209C SW 17 ST

3. Mailing Address

209C SW 17 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE

Zip

FL 33315

Country

USA

Zip

FL 33315

Country

USA

4. FEI Number

65-0658897

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEFFREY GIBBS
1413 S.W. 17TH ST.
FT. LAUDERDALE FL 33065**

7. Name and Address of New Registered Agent

Name

JEFFREY GIBBS

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

209C SW 17 ST

City

FT LAUDERDALE

FL

Zip Code

33315

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-19-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **D** ☐ Delete
NAME **GIBBS, JEFFREY**
STREET ADDRESS **1413 S.W. 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **D** ☐ Delete
NAME **GIBBS, MARGARET**
STREET ADDRESS **1413 S.W. 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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
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CITY-ST-ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

954)648-3300

Daytime Phone #