

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90059 028 ***150.00

DOCUMENT # P96000080924

1. Corporation Name
BASKETIQUE, INC.



Principal Place of Business
727 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

Mailing Address
727 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

59-3400170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 727 KINGSLEY AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 727 KINGSLEY AVE

Suite, Apt. #, etc.

City & State

23 ORANGE PARK FL

City & State

28 ORANGE PARK, FL

Zip

24 32073 - 25 USA

Zip

29 32073 - 30 USA

9. Name and Address of Current Registered Agent

CHADWICK, LESLEY
727 KINGSLEY AVENUE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

CHADWICK, LESLEY

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

727 KINGSLEY AVE

83

84 City

ORANGE PARK

85 Zip Code

FL 32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME CHADWICK, LESLEY
STREET ADDRESS 2780 FOREST OAKS DRIVE
CITY-ST-ZIP ORANGE PARK FL

TITLE DS ☐ DELETE
NAME CHADWICK, GRAHAM
STREET ADDRESS 2780 FOREST OAKS DRIVE
CITY-ST-ZIP ORANGE PARK FL

TITLE DVP ☐ DELETE
NAME DILLEY, NICOLA
STREET ADDRESS 1576 VILLAGE WAY
CITY-ST-ZIP ORANGE PARK FL

TITLE DT ☐ DELETE
NAME DILLEY, VINCENT
STREET ADDRESS 1576 VILLAGE WAY
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DT

3/15/99

Date

(904) 777 1214

Daytime Phone #

CR2E034 (11/98)