

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90058 025 ***150.00

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1. Entity Name
KATHY BASS & ASSOCIATES, INC.



Principal Place of Business
**227 HARRISON AVE
PANAMA CITY FL 32401**

Mailing Address
**227 HARRISON AVE
PANAMA CITY FL 32401**

2. Principal Place of Business
314 Magnolia Ave
Suite, Apt. #, etc.

3. Mailing Address
314 Magnolia Ave.
Suite, Apt. #, etc.

City & State
Panama City FL

City & State
Panama City FL

4. FEI Number **59-3419830**

Applied For
Not Applicable

Zip
32401

Country
Bay

Zip
32401

Country
Bay

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BASS, KATHY
4708 BAYWOOD DR.
LYNN HAVEN FL 32444**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathy Bass Kathy S. Bass President 1/13/03
Signature, typed or printed name of registered agent and title if applicable. (If E: Registered Agent signature required when reinstating) DATE

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 **D** ☐ Delete
NAME **BASS, KATHY**
STREET ADDRESS **900 HUNTINGDON RD**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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 **Bass, Kathy**
STREET ADDRESS **4708 Baywood Drive**
CITY-ST-ZIP **Lynn Haven, FL 32444**

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

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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: Kathy Bass REO Kathy S. Bass President 1/13/03 (850) 747-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)