1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037520

THE BASKET CASE OF YBOR CITY, INC.

Principal Place of Business 2102 E 7 AVE Mailing Address

2102 E 7 AVE TAMPA FL 3360

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90070 010 ***150.00



TAMPA FL 3360	05 TAMPA FL 33605				DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed 04/24/1998			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 2104 8. 9th Avenue 26 2104 € 7th AVE				ره	59-3506916	·	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.7	5 Additional	
27				_	5. Certifcate of Status Desired	Fee	e Required	
City & State					6. Election Campaign Financing	\$5.	00 May Be	
23 Tampa Florida 28 Tampa FLor				ン	Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	nt year Intangible		
24 334	05 [25]	29 33605 30]		Personal Property Tax.	Yes	VZNo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
			81	Name				
	CAIN, CARTER B		82	82 Street Address (P.O. Box Number is Not Acceptable)				
400 NO TAMPA STREET STE 2300 TAMPA FL 33602			"	Ottest Address (1.5. Sox Hamber is Not Adosptaste)				
			83	83				
			0.4	Cit	<u> </u>	85	Zip Code	
			84	City		FL °° '	E.p 0006	
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 a	and title if applicable. (NOTE: Re	gistered Agen	signature n	equired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12	
TITLE	PSTD	☐ DELETE	1,1 TITLE		P5	Char	nge 🔲 Addition	
NAME	MCCAIN, SANDY K		1.2 NAME		McCain, Sandyk 2104 2 7 Are		ļ	
STREET ADDRESS	2101 E 7 AVE		1.3 STREET	ADDRESS	2104 2 7 AVL			
CITY-ST-ZIP	TAMPA FL 33605		1,4 CITY-ST-ZIP		Tampa, PL 33605			
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	2.1 TTLE		TD	☐ Chai	nge 🔀 Addition	
NAME			2.2 NAME		mary Masca 2104 E. 7 th Ave		}	
STREET ADDRESS			2.3 STREET	ADDRESS	2104 E. 7 HAVE			
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		2.4 CITY+ST-ZIP		Tampa, FL 33605	*		
TITLE		☐ DELETE	3.1 TITLE		1 1	Chai	nge 🔲 Addition	
NAME			3.2 NAME				Ì	
STREET ADDRESS			3.3 STREET	ADDRESS			Í	
CITY-ST-ZIP			3.4. CITY-S	T- 71P				
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME		,	4.2 NAME					
STREET ADDRESS		Ċ.	4.3 STREET	ADDRESS				
			4.4 CITY-ST		•			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	- 211		☐ Chai	nge 🔲 Addition	
NAME		_	5.2 NAME		•			
		·	5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY-ST				ļ	
CITY-ST-ZIP		□ DELETE	6.1 TITLE	-		☐ Cha	nge 🔲 Addition	
TITLE			6.2 NAME					
NAME			6.3 STREET	VUUBEcc			}	
STREET ADDRESS		•	6.4 CITY-ST					
CITY-ST-ZIP			6.4 CH 1-5		Lin Spotion 119.07(3\(i)\) Elorida Statutes L	fush as asstifu that	lbo information	

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

3-16-99

813-294-8901

Daytime Phone #