

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 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90077 035 \*\*\*150.00

**DOCUMENT # P98000043643**

1. Corporation Name

**RUBBER STAMP BASKET COMPANY**



Principal Place of Business

Mailing Address

**6105 99 STREET EAST  
BRADENTON FL 34202**

**6105 99 STREET EAST  
BRADENTON FL 34202**

**8201 COOPER CREEK BLVD.  
UNIVERSITY PARK FL 34201**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**05/14/1998**

4. FEI Number

**65-0833403**

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

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**GLADFELTER, LESLIE H  
1023 MANATEE AVE WEST  
BRADENTON FL 34205**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
HUNSICKER, SUSAN  
STREET ADDRESS  
6105 99 STREET EAST  
CITY-STATE-ZIP  
BRADENTON FL 34202**

TITLE ☐ DELETE

**D  
NAME  
WIRTH, CHRISTINE  
STREET ADDRESS  
5919 CYPRESS CIR  
CITY-STATE-ZIP  
BRADENTON FL 34202**

TITLE ☒ DELETE

**D  
NAME  
BOLTZE, KAY  
STREET ADDRESS  
2927 9 AVE WEST  
CITY-STATE-ZIP  
BRADENTON FL 34205**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

**SUSAN M. HUNSICKER**

**4/24/99**

**941-358-6888**

Date

Daytime Phone #

CR2E034 (1/98)