

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044842

1. Entity Name

BASSWOOD CONCEPTS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90264 048 ***150.00

Principal Place of Business

Mailing Address

1962 SOCIETY DR
HOLIDAY FL 34691

1962 SOCIETY DR
HOLIDAY FL 34691-3601

2. Principal Place of Business

1962 Society Drive
Suite, Apt. #, etc.

3. Mailing Address

1962 Society Drive
Suite, Apt. #, etc.

City & State

Holiday, FL
34691

City & State

Holiday, FL
34691

4. FEI Number

59-3512551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTNER, DARRA
1962 SOCIETY DR
HOLIDAY FL 34-6910

7. Name and Address of New Registered Agent

Name DARRA CURTNER

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

1962 Society Dr.

City Holiday

FL

Zip Code 34691

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CURTNER, BRIAN
STREET ADDRESS 1962 SOCIETY DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE V ☐ Delete
NAME CURTNER, DARRA
STREET ADDRESS 1962 SOCIETY DR
CITY-ST-ZIP HOLIDAY FL 34691

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition
NAME Brian Curtner
STREET ADDRESS 1962 Society Dr.
CITY-ST-ZIP Holiday, FL 34691

TITLE V ☐ Change ☐ Addition
NAME DARRA CURTNER
STREET ADDRESS 1962 Society Dr.
CITY-ST-ZIP Holiday, FL 34691

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

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

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

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)