

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **998000080752**
 1. Entity Name
Basilisk Public Relations
(Basilisk)



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 JUN -3 PM 4:32

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
421 Columbus Ave
 Suite, Apt. #, etc.
Lehigh Acres
 City & State
FL
 Zip
33972 Country
Lee

3. Mailing Address
PO Box 717
 Suite, Apt. #, etc.
 City & State
Lehigh Acres, FL
 Zip
33970 Country
Lee

4. FEI Number
65-0883349
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE
5/7/03 01054 004 \$150.

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James T. Wason
 Street Address (P.O. Box Number is Not Acceptable)
421 Columbus Ave
 City
Lehigh Acres FL Zip Code
33970

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 *James T. Wason*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **MMV, 2003**

January - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	JAMES T WASON, 421 Columbus Ave, Lehigh Acres, FL Registered Agent
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RITA Ruedi WASON 33972 President, treasure 421 Columbus Ave, Lehigh Acres
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES T WASON FL 33972 vice president 421 Columbus Ave, Lehigh Acres
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500018451505
05/07/03--01054--004 **150.00

**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James T. Wason, registered agent* **MMV, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)