

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90021 043 ***150.00

DOCUMENT # P99000079055

1. Entity Name

BASKETS, ETC. BY MARYANN RASPIARDA, CO.

Principal Place of Business

Mailing Address

~~1081 MEADOW LAKE WAY, APT. 212~~
~~WINTER SPRINGS FL 32708~~~~1081 MEADOW LAKE WAY, APT. 212~~
~~WINTER SPRINGS FL 32708-5285~~

2. Principal Place of Business

3. Mailing Address

846 Moonlit Lane**846 MOONLIT LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Casselberry FL**CASSELBERRY, FL****59-3602208**

Not Applicable

Zip

Country

Zip

Country

32707**Seaside****32707****SEMINOLE**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RASPIARDA, MARYANN**1081 MEADOW LAKE WAY, APT. 212**
WINTER SPRINGS FL 32708**846 Moonlit Lane**
Casselberry FL
32707

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	RASPIARDA, MARYANN	1081 MEADOW LAKE WAY, APT. 212 WINTER SPRINGS FL 32708	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	D	RASPIARDA, THOMAS V	1081 MEADOW LAKE WAY, APT. 212 WINTER SPRINGS FL 32708	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

Date

407 699 5938

Daytime Phone #