

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01766

1. Entity Name

DALE BASSETT INSURANCE AGENCY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90083 006 ***150.00

Principal Place of Business

4837 WATER OAK LN
JACKSONVILLE FL 32210

Mailing Address

4837 WATER OAK LN
JACKSONVILLE FL 32640-4129

2. Principal Place of Business

4440 MERRIMAC AV
SUITE 9

3. Mailing Address

P.O. Box 98
OTTEBA STATION

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE

4. FEI Number

59-3035576

Applied For

Not Applicable

Zip

32210

Country

FLORIDA

Zip

FL 32210

Country

FLORIDA

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

BASSETT, DAVID D SR
4837 WATER OAK LN
JACKSONVILLE FL 32210

Name

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

166 LAKE WINNOTT RD
City HAWTHORNE FL Zip Code 32640

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BASSETT, DAVID DALE SR 4837 WATER OAK LN JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BASSETT, MARTHA C SR 4837 WATER OAK LANE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSETT, DAVID D JR. 4675 VERONA AVE JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSETT, MICHAEL B 4 MILLOT RD WESTFORD MA 01886-2418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 166 LAKE WINNOTT RD HAWTHORNE FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 166 LAKE WINNOTT RD HAWTHORNE FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4650 VERONA AVE JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

David Dale Bassett

4/25/00

Date

352 4751598

Daytime Phone #

CFR2E034 (9/99)