FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # 1/59747		05-02-2002 90056 049 ***150.00
Basilick Property Services, Inc.		
DO NOT WRITE II	N THIS SPACE	•
2. Principal Place of Business 3.	Mailing Address	_
	265 SW Port Sniat Luc	cieBlud.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 139	DO NOT WRITE IN THIS SPACE
Port SAINT Lucie H 7	City & State	4. FEI Number 65-0351.383 Applied For Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired \$8.75 Additional
34984 SAINT LUCIE	34984 Saint Lucie	Fee Required 7. Name and Address of Current Registered Agent
	Name	Dilliam Faller and Associates In
DO NOT-WRI	***	P.O. Box Number is Not Acceptable) + 1 antic Blud.
IN THIS SPA	CE. Say Till Land	6 76 West FILANTIC DIVE
	city M	RGATE FL Zip Code 33 063
8. The above named entity subminimits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.		
STORY THE STORY OF	4	
SIGNATURE Signar typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature required v	when reinstating) DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
(See criteria on back) 11. ½ OFFICERS AND DIREC	Make Check Payable to Department of State	
TITLE P	TITLE TO THE	
NAME STREET ADDRESS 2838 SE Peru St CITY-ST-ZIP POST ST	FT 34984 CHYST ZIP	88 (12/0)
THE ST PS:	L mile 2.23 Francisco	
STREET ADDRESS 2838 5E Peru St	NAME STREET ADDRESS	
CITY-ST-ZIP PORT St. Lucie.	City-st-Zig	The second of th
TITLE NAME	MILE WAR IN THE STATE OF THE ST	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE	mue	IN THIS SPACE
NAME STREET ADDRESS	*NAME STREET ADDRESS	IN THIS SPACE.
CITY-ST-ZIP	CITY-ST. ZP	
TITLE NAME	TILE NAME	Agricultural services of the service
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
TITLE	्टाग्-इन-२ <u>१</u> २ - इन्हर्स	
NAME STREET ADDRESS	*NAME	
CITY-ST-ZIP	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 on an attachment with an address, with afficiency of the corporation of the receiver of the corporation of the receiver or trustee empowered.		
Rogerd, Basilick		
SIGNATURE:	and accurate and that my signature shall have the sa d to execute this report as required by Chapter 607	ime legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or on an