

**FORPROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 008 ***150.00

DOCUMENT# *V59747*
1. Entity Name
Basilick Property Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2838 SE Peru St</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port St. Lucie</i>		City & State	
Zip <i>34984</i>	Country <i>US</i>	Zip	Country

54022593

DONOTWRITEINTHISPACE

4. FEI Number <i>65-0351383</i>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <i>William Faller & Associates, Inc</i>		
	Street Address (P.O. Box Number is Not Acceptable) <i>6878 W. ATLANTIC BLVD</i>		
	City <i>Margate</i>	FL	Zip Code <i>33063</i>

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 director, 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. ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President Roger Basilick 2838 SE Peru St Port St. Lucie, FL 34984</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Sect. & Treasure Linda Basilick 2838 SE Peru St Port St. Lucie, FL 34984</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) of the 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 on an attachment with an address with another filer empowered.

SIGNATURE: *Roger Basilick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tan 22 2004 (772) 873-0768
Date Daytime Phone#

CR2E034B (12/01)