

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90080 037 \*\*\*150.00

**DOCUMENT # F98000000743**



1. Entity Name  
**BEST-RITE CHALKBOARD COMPANY**

Principal Place of Business  
**201 N. CROCKETT AVE  
CAMERON TX 76520**

Mailing Address  
**P.O. BOX 713  
CAMERON TX 76520**

2. Principal Place of Business  
**2885 Lorraine Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Drawer D**  
Suite, Apt. #, etc.

City & State  
**Temple TX**

City & State  
**Temple TX**

4. FEI Number **74-1687784**

Applied For  
Not Applicable

Zip **76501** Country **USA**

Zip **76503** Country **USA**

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**WALTER POSUSTA/SCHOOLHOUSE  
1275 BELCHER ROAD #36  
DUNEDIN FL 34698**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>DPS- D/S/T</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, ERNEST R</b>	
STREET ADDRESS	<b>201 N. CROCKETT - 2885 Lorraine Avenue</b>	
CITY-ST-ZIP	<b>CAMERON TX 76520 - Temple TX 76501</b>	
TITLE	<b>D/C</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, LORRAINE</b>	
STREET ADDRESS	<b>201 N. CROCKETT - 2885 Lorraine Avenue</b>	
CITY-ST-ZIP	<b>CAMERON TX 76520 - Temple TX 76501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Greg Moore</b>	
STREET ADDRESS	<b>2885 Lorraine Avenue</b>	
CITY-ST-ZIP	<b>Temple TX 76501</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Julie Pratt</b>	
STREET ADDRESS	<b>2885 Lorraine Avenue</b>	
CITY-ST-ZIP	<b>Temple TX 76501</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/14/03** **254-778-4727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)