

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000033953

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** BEST TAX CENTER BLANDING BLVD., LLC

**Current Principal Place of Business:**

C/O GENERIC INSURANCE AGENCIES OF N CENTRA  
330 N.E. 39TH AVENUE, SUITE B  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GENERIC INSURANCE AGENCIES OF N CENTRA  
330 N.E. 39TH AVENUE, SUITE B  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-3391186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASNER, MARK M ESQ.  
C/O THERREL BAISDEN  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: RUBIERA, NIRIO J  
Address: 1670 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** NIRIO J RUBIERA

MGR

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date