

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

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90976 039 ***150.00

DOCUMENT # P94000079208

1. Entity Name

YOUR BEST SOURCE INC. ✓

DO NOT WRITE IN THIS SPACE

70035212

2. Principal Place of Business

YOUR BEST SOURCE INC.

3. Mailing Address

YOUR BEST SOURCE INC.

Suite, Apt. #, etc.

4967 QUILL COURT

Suite, Apt. #, etc.

4967 QUILL COURT

City & State

PALM HARBOR, FL.

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. FEI Number

59-3284016

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-0000

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
PRESIDENT
ESSIG, WILLIAM P
4967 QUILL COURT
PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ESSIG, LINDA K.
4967 QUILL COURT
PALM HARBOR, FL 34685

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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2003

Date

727-945-1320

Daytime Phone #

CR2E034B (12/01)