

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90026 031 \*\*\*150.00

**DOCUMENT # P97000002826**

1. Entity Name  
**THE BEST OF PUBLISHING, INC.**

Principal Place of Business

601 NO. ORLANDO AVE.  
 MAITLAND FL 32751  
 US

Mailing Address

PO BOX 952751  
 LAKE MARY FL 32795-2751  
 US

550520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*260 Maitland Ave.*

3. Mailing Address

Suite, Apt. #, etc.

*Ste. 2000*

Suite, Apt. #, etc.

City & State

*Altamonte Springs, FL*

City & State

4. FEI Number **59-3418460**

Applied For

Not Applicable

Zip

Country

*32701 USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORET, JOHN**  
**679 HOLBROOK CIRCLE**  
**LAKE MARY FL 32746**

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FORET, JOHN</b>
STREET ADDRESS	<b>679 HOLBROOK CIRCLE</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WARREN, JENKINS E JR</b>
STREET ADDRESS	<b>1351 MARKHAM WOODS RD.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ISAAC, BRYNLEY E</b>
STREET ADDRESS	<b>1351 MARKHAM WOODS RD.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J.P. Foret*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-7-01*

Date

Daytime Phone #

CR2E034 (10/00)