2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **P99000058372** 1, Entity Name A BETTER CHOICE MARKETING, INC. 04-05-2000 90111 015 ***150.00 Principal Place of Business Mailing Address 2360 HAZELWOOD LANE 2360 HAZELWOOD LANE CLEARWATER FL 33763-1513 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PASHOIAN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2360 HAZELWOOD LANE **CLEARWATER FL 33763** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition PTD ☐ Delete TITLE TITLE PASHOIAN, STEPHEN NAME STREET ADDRESS STREET ADDRESS 2360 HAZELWOOD LANE CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33763** Change Addition TITLE VSD ☐ Delete TITLE NAME PASHOIAN, WENDY NAME STREET ADDRESS STREET ADDRESS 2360 HAZELWOOD LANE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation o changed, or on an attachor vith all ot like empowered

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

SIGNATURE: