

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90234 045 ***150.00

DOCUMENT # F01000006208

1. Entity Name
ONLY THE BEST, INC.



Principal Place of Business

~~99-061-KOAHAWAY #201~~
~~ALEA HI 96701~~ 99-969 Iwaena St.
Aiea, HI 96701

Mailing Address

99-061-KOAHAWAY #201
ALEA HI 96701

Same

2. Principal Place of Business

99-969 Iwaena St.

3. Mailing Address

99-969 Iwaena St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aiea, HI

City & State

Aiea, HI

Zip

96701

Country

Zip

96701

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 99-0267118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, MICHAEL W
ONE INDEPENDENT DR., STE 2600
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	HOLLANDER, MARK R	
STREET ADDRESS	2141 PAULOA PLACE	
CITY-ST-ZIP	HONOLULU HI	
TITLE	V	☐ Delete
NAME	ROBERTSON, RONALD C	
STREET ADDRESS	1674 OHAWAII PLACE	
CITY-ST-ZIP	HONOLULU HI	
TITLE	V	☒ Delete
NAME	COTTRAL, ALLEN R	
STREET ADDRESS	1423 LAAMIA PLACE	
CITY-ST-ZIP	HONOLULU HI	
TITLE	S	☐ Delete
NAME	MEDEIROS, DEBRA A	
STREET ADDRESS	46-1031 EMEPELA WAY #D	
CITY-ST-ZIP	KANEHOE HI	
TITLE	V	☒ Delete
NAME	GEIGER, JAMES R	
STREET ADDRESS	2365 OKOA ST.	
CITY-ST-ZIP	HONOLULU HI	
TITLE	T	☐ Delete
NAME	TANIGUCHI, TODD G	
STREET ADDRESS	7122 HAWAII KAI DR., APT 89	
CITY-ST-ZIP	HONOLULU HI	

TITLE	S	☐ Change ☒ Addition
NAME	LORRAINE LAU	
STREET ADDRESS	99-155 OHEKANI LP	
CITY-ST-ZIP	AIEA, HI 96701	
TITLE	AT (ASSISTANT TREASURER)	☐ Change ☒ Addition
NAME	ANDREW KAGAWA	
STREET ADDRESS	81-KAWANANAKOA PL	
CITY-ST-ZIP	HONOLULU, HI 96817	
TITLE	AS (ASST. SECRETARY)	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 REQUIRED
TANIGUCHI, Cfo

2/12/03

(808) 486-6318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #