FILED

## 2003 FOR PROFIT CORPORATION

Apr 16, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P01000032789 DOCUMENT # 04-16-2003 90202 028 \*\*\*150.00 1. Entity Name BEST-IDEA, INC. Principal Place of Business Mailing Address 19512 PRESERVE DR 19512 PRESERVE DR BOCA PATON FL 33431 BOCA RATION FL 33431 Principal Place of Business Mailing Address 386 NE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1085852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RETAMAR, RICHARD E Street Address (P.O. Box, Number is Not Acceptage) eAnna -2484-N-FEDERAL-IMY\_SUITE BOCA PATON EL 32431 P.O.BOX 973 Deerfield Beach 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. 4-13-03 SIGNATURE: (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE TITLE Change Addition BARON, LORI NAME NAME STREET ADDRESS 19512 PRESERVE DR STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE reasurer Change Addition TITLE Dimke, Kerri DEMKE, KERRI NAME NAME 180 NE WAVE CREST WAY STREET ADDRESS STREET ADDRESS 180 NE Wave Crest Wa CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Boca Ruton, Fi TITLE Delete Addition TITLE Vice-President l New RAUSCHER, CAROL NAME NAME Wendy O. Wright STREET ADDRESS 5132 NW 74TH CT STREET ADDRESS 5900 E. Grand Duke circle COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP Tamarac, Fr 3332 TITLE TITLE ☐ Change □ Addition ☐ Delete RETAMAR, SUSAN NAME NAME STREET ADDRESS 345 NE OLIVE DR. STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. Thereby 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

SIGNATURE: Daytime Phone #