

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M80633

**Entity Name:** BEST PUMP & MOTOR REPAIR, INC.

**Current Principal Place of Business:**

C/O BARBARA TABOR  
9429 HWY 301 SOUTH  
RIVERVIEW, FL 33578

**FILED**  
**Jun 11, 2014**  
**Secretary of State**  
**CC7927839082**

**Current Mailing Address:**

C/O BARBARA TABOR  
9429 HWY 301 SOUTH  
RIVERVIEW, FL 33578 US

**FEI Number: 59-2889019**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TABOR, BARBARA  
13032 COUNTY ROAD #672  
RIVERVIEW, FL 33579 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TABOR, ROBERT  
Address 13032 C.R. 672  
City-State-Zip: RIVERVIEW FL 33576

Title V.P.  
Name SAYLES, TROY  
Address 3602 SAVANNAH LK RD  
City-State-Zip: VALRICO FL 33596

Title TRES  
Name TABOR, BARBARA  
Address 13032 C.R. 672  
City-State-Zip: RIVERVIEW FL 33579

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BARBARA TABOR**

**TREAS.**

**06/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date