

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003669

1. Entity Name

BEST BUY INVESTMENTS INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90034 049 \*\*\*150.00

Principal Place of Business

11863 SE 72ND CT RD  
BELLEVUE FL 34420

Mailing Address

P.O. BOX 777  
SUMMERFIELD FL 34492-0777

2. Principal Place of Business

11863 Se 72nd ct RD  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Bellevue FL

City & State

Zip  
34420

Country  
USA

Zip

Country

4. FEI Number 48-1061606

Applied For

Not Applicable

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

MYERS, STEVEN R  
11863 SE 72ND CT RD  
BELLEVUE FL 34420

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	MYERS, STEVEN R	11863 SE 72ND CT RD	BELLEVUE FL 34420	<input type="checkbox"/>
SD	MYERS, LESTER	RT. 1, BOX 127	ALTAMONT KS	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Steven R Myers STEVEN R. Myers

Date

Daytime Phone #

4-24-00 352-307-2533

CR2E034 (9/99)