## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 10, 2001 08:00 AM F93000003669 DOCUMENT # 1. Entity Name **Secretary of State** BEST BUY INVESTMENTS INC. Principal Place of Business Mailing Address 11863 SE 72ND CT RD P.O. BOX 777 BELLEVIEW FL SUMMERFIELD FL34420 34492 2. Principal Place of Business 3. Mailing Address 15600 SE 103RD TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SHMMERFIELD FL 48-1061606 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS STEVEN MYERS 11863 SE 72ND CT RD Street Address (P.O. Box Number is Not Acceptable) 15600 SE 103RD TERRACE BELLEVIEW FL34420 City Zip Code SUMMERFIELD 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. 09/10/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME MYERS LESTER NAME MYERS LESTER RT. 1, BOX 127 STREET ADDRESS STREET ADDRESS 17026 LYON RD CITY-ST-ZIP ALTAMONT KS CITY-ST-ZIP ALTAMONT PD ☐ Delete TITLE PD X Change NAME MYERS STEVEN **MYERS** NAME STEVEN STREET ADDRESS 11863 SE 72ND CT RD STREET ADDRESS 15600 SE 103RD TERRACE CITY-ST-ZIP BELELVIEW FL 34420 CITY-ST-ZIP SUMMERFIELD FL34491 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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.

09/10/2001

Daytime Phone #

Date

SIGNATURE: \_\_Steven R Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR