

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90080 037 ***150.00

DOCUMENT # F98000000743

1. Entity Name
BEST-RITE CHALKBOARD COMPANY



Principal Place of Business
**201 N. CROCKETT AVE
CAMERON TX 76520**

Mailing Address
**P.O. BOX 713
CAMERON TX 76520**

2. Principal Place of Business

2885 Lorraine Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer D

Suite, Apt. #, etc.

City & State

Temple TX

City & State

Temple TX

Zip

76501

Country

USA

Zip

76503

Country

USA

4. FEI Number **74-1687784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALTER POSUSTA/SCHOOLHOUSE
1275 BELCHER ROAD #36
DUNEDIN FL 34698**

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

TITLE **DPS- D/S/T** ☐ Delete
NAME **MOORE, ERNEST R**
STREET ADDRESS **201 N. CROCKETT 2885 Lorraine Avenue**
CITY-ST-ZIP **CAMERON TX 76520 Temple TX 76501**

TITLE **D/C** ☐ Delete
NAME **MOORE, LORRAINE**
STREET ADDRESS **201 N. CROCKETT 2885 Lorraine Avenue**
CITY-ST-ZIP **CAMERON TX 76520 Temple TX 76501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
NAME **GREG MOORE**
STREET ADDRESS **2885 Lorraine Avenue**
CITY-ST-ZIP **Temple TX 76501**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Julie Pratt**
STREET ADDRESS **2885 Lorraine Avenue**
CITY-ST-ZIP **Temple TX 76501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]**

3/14/03

254-778-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)