

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90106 020 ***150.00

DOCUMENT # F98000001619

1. Entity Name
BEST FRANCHISING, INC.



Principal Place of Business
**13 CORPORATE SQUARE, STE. 250
ATLANTA GA 30329**

Mailing Address
**13 CORPORATE SQUARE, STE. 250
ATLANTA GA 30329**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2373272**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
LEVEN, MICHAEL A
13 CORPORATE SQUARE, STE. 250
ATLANTA GA 30329** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPF
DAYMAN, MARK
13 CORPORATE SQUARE, STE. 250
ATLANTA GA 30329** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
ARONSON, STEPHEN D
13 CORPORATE SQUARE, STE. 250
ATLANTA GA 30329** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEVEN, MIKE
13 CORPORATE SQ SUITE 250
ATLANTA GA 30329** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEDGA, DOUGLAS
200 WEST MADISON
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Douglas Georgia ☒ Change ☐ Addition

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

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 REQUIRED

Mark Dayman

1/20/03

404-321-4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)