

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006875

1. Entity Name

BETTER BUSINESS SOLUTIONS OF ALABAMA, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90095 041 ***150.00

Principal Place of Business

Mailing Address

700 29TH STREET SOUTH, STE 200
 BIRMINGHAM AL 35233

700 29TH STREET SOUTH, STE 200
 BIRMINGHAM AL 35209-2514

2. Principal Place of Business

2824 Linden Avenue

Suite, Apt. #, etc.

3. Mailing Address

2824 Linden Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Homewood, Alabama

City & State

Homewood, Alabama

4. FEI Number

63-1076948

Applied For

Not Applicable

Zip

35209

Country

Jefferson

Zip

35209

Country

Jefferson

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

YOUNG, BERNICE F
 66 INDIAN BAYOU DRIVE
 DESTIN FL 32541

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 PCD
 NAME ESCUE, MICHAEL R
 STREET ADDRESS 700 29TH STREET SOUTH, STE 200
 CITY-ST-ZIP BIRMINGHAM AL

TITLE
 NAME
 STREET ADDRESS 2824 Linden Avenue
 CITY-ST-ZIP Homewood, AL 35209

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

205-870-0155

Daytime Phone #

CR2E034 (9/99)