

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90209 034 ***150.00

DOCUMENT # J37574

1. Entity Name
BEST BRANDS LIMITED, INC.



Principal Place of Business
**15800 FAIRVIEW PT
PO BOX 548
TAVARES FL 32778**

Mailing Address
**15800 FAIRVIEW PT
PO BOX 548
TAVARES FL 32778**



2. Principal Place of Business
5062 Greenbriar Trail
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 1666
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Mount Dora, FL 32757

City & State
Mount Dora, FL 32756-1666

4. FEI Number
59-2727465

Applied For
Not Applicable

Zip
32757

Country
USA

Zip
32756-1666

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VINCENT, J JEAN
15800 FAIRVIEW POINT
TAVARES FL 32778**

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 *J. J. Vincent*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINCENT, J. JEAN 15800 FAIRVIEW PT TAVARES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VINCENT, BARBARA F. 15800 FAIRVIEW PT TAVARES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 1666 Mount Dora, FL 32756-1666	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 385-1666

Date

Daytime Phone #

CR2E034 (10/02)