

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90003 012 ***150.00

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DOCUMENT # J62111

1. Corporation Name

BETTER BUSINESS BROKERS, INC.

Principal Place of Business

2520 SW 27TH AVE
OCALA FL 34474
US

Mailing Address

2520 SW 27TH AVE
OCALA FL 34474
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1987

4. FEI Number

59-2787898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 8111 NW 46 ST

Suite, Apt. #, etc.

22 Ocala, FL

City & State

23 34482 MARION

Zip

Country

24

25

2a. Mailing Address

26 8111 NW 46 ST

Suite, Apt. #, etc.

27 Ocala, FL

City & State

28 34482 MARION

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHOELER, KATHY
2520 SW 27TH AVE
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

SCHOELER, KATHY

82 Street Address (P.O. Box Number is Not Acceptable)

8111 NW 46 ST

83

84

City Ocala

FL

85 Zip Code 34482

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS
NAME SCHOELER, KATHY
STREET ADDRESS 2520 SW 27TH AVE
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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
KATHY SCHOELER 3/25/99 (352) 351-5000

CR2F034 (11/98)