

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0536296 AV

04-02-2002 90063 036 \*\*\*150.00

**DOCUMENT # J62111**  
 1. Entity Name  
**BETTER BUSINESS BROKERS, INC.**

Principal Place of Business <b>8111 NW 46 ST                  Ocala FL 34482                  US</b>	Mailing Address <b>8111 NW 46 ST                  Ocala FL 34482                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7E SILVER SPRINGS BLVD                  Suite, Apt. #, etc. <b>Suite 204</b>                  City &amp; State <b>OCALA, FL</b>                  Zip <b>34470</b>                  Country <b>MARION</b></b>	3. Mailing Address <b>7E SILVER SPRINGS BLVD                  Suite, Apt. #, etc. <b>Suite 204</b>                  City &amp; State <b>OCALA, FL</b>                  Zip <b>34470</b>                  Country <b>MARION</b></b>
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4. FEI Number <b>59-2787898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SCHOELER, KATHY  
 1925 SE 73RD LOOP  
 Ocala FL 34480**

7. Name and Address of New Registered Agent  
 Name **PEGGY J. WILSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**709-201 SW 75th ST**  
 City **Gainesville** FL Zip Code **32607**

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 Peggy J. Wilson Peggy J. Wilson 3/27/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHOELER, KATHY</b> <b>1925 SE 73RD LOOP</b> <b>OCALA FL 34480</b>
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>CHARLES M. JONES</b> <b>71 GLEN COVE DR.</b> <b>CHESTERFIELD MO. 63017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles M. Jones 3-2702 352 351 5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)