## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02082  1. Entity Name BEST OPERATING CORP., INC.				Jan 23, 2002 8:00 am Secretary of State 01-23-2002 90057 008 ***150.00			
Principal Place of Business  5524 S RIDGEWOOD AVENUE  PORT ORANGE FL 32127  US  Mailing Address  5524 S. RIDGEWOOD A PORT ORANGE FL 321  US							
2. Principal Place of Business		3. Mailing Address		-		16)( 11)0() (114)	
Suite, Apt. #, etc		Suite, Apt. #, etc		DO.NOT WRI	DO.NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-296476	<i>,</i>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New F	Registered Agent		
JOANNE MARTINGANO 37 BAY TREE COURT PORT ORANGE FL 32127			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
e'			City	City FL Zip Code			
Tax filing ( (See criter	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable		10. Election Campaign Finate  Trust Fund Contribution	on. 🔲 Added	<b>0</b> May Be to Fees	
11. TITLE NAME STREET ADDRESS	OFFICERS AND DII PT MARTINGANO, JOSEPH F. 737 BAY TREE CT.	RECTORS  Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFF	Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PORT ORANGE FL  VPS MARTINGANO, JOANNE 737 BAY TREE CT PORT ORANGE FL	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINGANO, JOSEPH F. 737 BAY TREE COURT PORT ORANGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINGANO, JOANNE 737 BAY TREE COURT PORT ORANGE FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is truporation or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report as	e exemption stated in S signature shall have the required by Chapter 60	ection 119.07(3)(i), Florida Statutes. same legal effect as if made under 17, Florida Statules; and that my nam	I further certify that the in oath; that I am an officer e appears in Block 11 or	formation or director Block 12 if	

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

1/9/02 38678F1644