2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M26131 **DOCUMENT #**

1. Entity Name

BEST BUSINESS MACHINES INC.



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90975 015 ***150.00

FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS Trust Fund Contribution.	Principal Place of Business 1373 S.W. 28 AVE, DEERFIELD BEACH FL 33442		Mailing Address 1373 S.W. 28 AVE. DEERFIELD BEACH FL 33442		1	LAACATOD			
City & State Ci	2. Principal Place of Business		3. Mailing Address						
Zep Country Zip Country S. Certificate of Status Desired S9-2637562 Inspection of S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent V. Name and Address of New Registered Agent ULOYD, ROBERT W. 1373 S.W. 28 AVE. DEERFIELD BEACH FI 33442 City City FL Zip Code 6. The Booker named certify submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered signer. SIGNATURE	City & State		City & State		4.	59-2637562			
Section Address of Current Registered Agent Name Name	Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.7	5 Additional	
LLOYD, ROBERT W. 1373 S.W. 28 AVE. DEERFIELD BEACH FL 33442 City City FL City FL Zip Code City F		6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registe			
Signature Portions for registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am itamiliar with, and accept the obligation of th				Name					
DEERFIELD BEACH FL 33442 City FL Zip Code			Street Address		ess (P.O.	(P.O. Box Number is Not Acceptable)			
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 registering agent. SIGNATURE									
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 Part Par	DEERFIEL	.D BEACH FL 33442							
SIGNATURE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Added to Fees				City		· · · · · · · · · · · · · · · · · · ·	FL Zir	Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LILOYD, ROBERT W. 1373 S.W. 28 AVE. DEERFIELD BEACH FL TITLE MAME SIREET ADDRESS CITY-ST-ZP TOTAL MAME SIREET ADDRESS CITY-ST-ZP T	SIGNATURE								
After May 1, 2003 Fee will be \$55.00 May Be Added to Fees Make Check Payable to Florida Department of State		· · · · · · · · · · · · · · · · · · ·			dii se wrieti	remakang)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							\$5.00 May Be Added to Fees	
NAME STREET ADDRESS DEERFIELD BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET			DIRECTORS	11.	Al	DDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11	
STREET ADDRESS DEERFIELD BEACH FL DETERMINE Delete			☐ Delete				☐ Ch	ange 🗌 Addition	
CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD									
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		П оли						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	Ė	LI Delete				_ L Cha	inge [Addition	
CITY-ST-ZIP	STREET ADDRESS	way property to		CTREET ADDRESS				ĺ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					- -	-		
STREET ADDRESS CITY-ST-ZIP	TITLE		Delete	TITLE			Cha	inge 🔲 Addition	
CITY-ST-ZIP	NAME								
TITLE MAME MAME MAME MAME MAME MAME MAME MA	ſ								
NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STRY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD									
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP			L.J Delete				☐ Cha	nge 🗌 Addition	
CITY-ST-ZIP	STREET ADDRESS								
NAME STREET ADDRESS SITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP ITLE IAME IAME ITREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		nge 🗆 Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME							ige Addition	
TITLE Delete TITLE Change Addition AME TREET ADDRESS ITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS								
AME TREET ADDRESS TY-ST-ZIP TOTAL TO				CITY-ST-ZIP					
TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	TTLE		Delete	TITLE			☐ Chai	nge 🔲 Addition	
ITY-ST-ZIP CITY-ST-ZIP	AAME					•			
0.11-31-ZIF						•			
		nuid, shout the State of the Control	11 All						

of the corporation or the receiver of rustee 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:

Daytime Phone #