2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000001012

FILED Apr 29, 2003 Secretary of State

Entity Name: BEST INTERESTS OF OUR PARENTS AND KIDS TOGETHER, INC.

Title: COED () Delete Name: BERRY, KELLY North-Strip: LOXAHATCHEE, FL 33470 City-St-Zip: LAKE WORTH, FL 33463 Title: C () Delete Name: PAYNE, MICHAEL REV. Address: PPD, 171 112 NORTH LAKE AVENUE City-St-Zip: WEST PALM BEACH, FL 33476 PEI Number Applied For () FEI Number Appl	ew Principal Place of Business:
TITIBLE COED () Delete Name: BERRY, KELLY Normal: BERRY, KELLY Title: COED () Delete Name: BERRY, KELLY Normal: BERRY, KELLY Normal: Coty-St-Zip: LAKE WORTH, FL 33463 Title: COED () Delete Name: BERRY, KELLY Normal: Coty-St-Zip: LAKE WORTH, FL 33463 Title: COED () Delete Name: DASCOTT, LEE ELLEN Normal: Coty-St-Zip: LAKE WORTH, FL 33463 Title: COED () Delete Name: DASCOTT, LEE SLLEN Normal: PAYNE, MICHAEL REV. Normal: FRECHETTE, GARY CHIEF Normal: PAYNE, MICHAEL REV. Normal: Normal: PAYNE, MICHAEL REV. Normal: Normal: Normal: PAYNE, MICHAEL REV. Normal: PAYNE, MICHAEL REV. Normal: N	
FEI Number: 65-1004491 FEI Number Applied For () FEI Number Name and Address of Current Registered Agent: NBERRY, KELLY 16394 EAST GLASGOW DR. LOXAHATCHEE, FL 33470 The above named entity submits this statement for the purpose of coin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ACTIVE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ACTIVE: COED () Delete Title: Name: DASCOTT, LEE ELLEN Address: 4747 PINEMORE LANE City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: WEST PALM BEACH, FL 33407 Citile: S () Delete Title: S () Delete	ew Mailing Address:
Name and Address of Current Registered Agent: BERRY, KELLY 16394 EAST GLASGOW DR. LOXAHATCHEE, FL 33470 The above named entity submits this statement for the purpose of coin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ACTITLE: COED () Delete Name: BERRY, KELLY Nickled State Submits Statement for the purpose of coin the State of Florida. Address: 16394 EAST GLASGOW DRIVE City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: WEST PALM BEACH, FL 33407 Title: S () Delete Name: RAYNE, MICHAEL REV. Address: 306 ONTARIO PLACE City-St-Zip: WEST PALM BEACH, FL 33407 Title: S () Delete Name: KNAPP, ALICE Address: 4280 MARILYN DRIVE	O BOX 21693 /EST PALM BEACH, FL 33416
BERRY, KELLY 16394 EAST GLASGOW DR. LOXAHATCHEE, FL 33470 The above named entity submits this statement for the purpose of coin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: AND DIR	er Not Applicable () Certificate of Status Desired (X)
16394 ÉAST GLASGOW DR. LOXAHATCHEE, FL 33470 The above named entity submits this statement for the purpose of coin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: And	ame and Address of New Registered Agent:
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ACTITURE: COED () Delete Name: BERRY, KELLY Address: 16394 EAST GLASGOW DRIVE City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470 Citile: COED () Delete Name: DASCOTT, LEE ELLEN Address: 4747 PINEMORE LANE City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 Citile: C () Delete Name: FRECHETTE, GARY CHIEF Address: PPD, 171 1/2 NORTH LAKE AVENUE City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: WEST PALM BEACH, FL 33407 Cittle: S () Delete Name: KNAPP, ALICE Address: 4280 MARILYN DRIVE	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: A Title: COED () Delete Name: BERRY, KELLY Note Address: 16394 EAST GLASGOW DRIVE City-St-Zip: LOXAHATCHEE, FL 33470 Title: COED () Delete Name: DASCOTT, LEE ELLEN Address: 4747 PINEMORE LANE City-St-Zip: LAKE WORTH, FL 33463 Title: C () Delete Name: FRECHETTE, GARY CHIEF Address: PPD, 171 1/2 NORTH LAKE AVENUE City-St-Zip: PAHOKEE, FL 33476 Title: T () Delete Name: PAYNE, MICHAEL REV. Address: 306 ONTARIO PLACE City-St-Zip: WEST PALM BEACH, FL 33407 Title: S () Delete Name: KNAPP, ALICE Address: 4280 MARILYN DRIVE	hanging its registered office or registered agent, or both,
OFFICERS AND DIRECTORS: Title: COED () Delete Name: BERRY, KELLY Address: 16394 EAST GLASGOW DRIVE City-St-Zip: LOXAHATCHEE, FL 33470 Title: COED () Delete Name: DASCOTT, LEE ELLEN Address: 4747 PINEMORE LANE City-St-Zip: LAKE WORTH, FL 33463 Title: C () Delete Name: FRECHETTE, GARY CHIEF Address: PPD, 171 1/2 NORTH LAKE AVENUE City-St-Zip: PAHOKEE, FL 33476 Title: T () Delete Name: PAYNE, MICHAEL REV. Address: 306 ONTARIO PLACE City-St-Zip: WEST PALM BEACH, FL 33407 Title: S () Delete Name: KNAPP, ALICE Address: 4280 MARILYN DRIVE	
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Name: DASCOTT, LÉÉ ELLEN Name: Address: 4747 PINEMORE LANE Address: 4747 PINEMORE LANE Address: Address: LAKE WORTH, FL 33463 Ci Title: C () Delete Ti Name: FRECHETTE, GARY CHIEF Name: Address: PPD, 171 1/2 NORTH LAKE AVENUE Address: Address: Address: PAHOKEE, FL 33476 Ci Title: T () Delete Ti Name: PAYNE, MICHAEL REV. Name: Address: 306 ONTARIO PLACE Address: Address: Address: Ti Ti Ti Ti Ti Name: KNAPP, ALICE Name: Name: KNAPP, ALICE Name: Address: 4280 MARILYN DRIVE Address: Address:<	cle: () Change () Addition ame: Idress: ty-St-Zip:
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Sity-5t-zip. EARE WORTH, 1 E 35401	ele: () Change () Addition nme: ldress: ty-St-Zip:
Name: COLLINS, JAMES Na Address: 16064 EAST BRIGHTON Ad	ele: () Change () Addition ame: Idress: ty-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE ELLEN DASCOTT COED 04/29/2003