## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** May 10, 2001 8:00 am Secretary of State DOCUMENT # N00000002473 1. Entity Name 05-10-2001 90214 033 \*\*\*\*61.25 BETTER STREETS, INC. Principal Place of Business Mailing Address 12540 PARK AVENUE 12540 PARK AVENUE ~VUU4376R WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State x Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent = .6.. Name and Address of Current Registered Agent Name DOUGLAS F. LONG Street Address (P.O. Box Number is Not Acceptable) 12540 PARK AVENUE BRADY, SCOTT C 12540 PARK AVENUE WINDERMERE FL 34786 City Zip Code 34786 FL WINDERMERE 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. 04-26-01 SIGNATURE DOUGLAS F. LONG Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requir nen reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change ☐ Delete TITLE LONG, DOUGLAS NAME 12540 PARK AVENUE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 DP Change ☐ Addition ☐ Delete TITLE BRADY, SCOTT NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12552 PARK AVENUE CITY-ST-7IP CITY-ST-ZIP WINDERMERE FL 34786 D۷ Change ☐ Addition Delete TITLE TITLE HARVEY, TOM NAME NAME STREET ADDRESS STREET ADDRESS 3400 LILAS COURT CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Delete ☐ Change ☐ Addition TITLE TITLE BARBER, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 12253 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AZZOUZ, KEVIN NAME STREET ADDRESS 12326 PARK AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, 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:

DOUGLAS F ALONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04-26-01

(407)578-2000

Date

Daytime Phone #