

# 2001 UNIFORM BUSINESS REPORT (UBR)

0090230 AV

DOCUMENT # P00000017341

1. Entity Name  
BEST SERV, INC.

FILED

01 OCT -4 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4903 LAKE CHARLES DRIVE  
KENNETH CITY FL 33709

Mailing Address

4903 LAKE CHARLES DRIVE  
KENNETH CITY FL 33709

2. Principal Place of Business

4903 LAKE CHARLES DRIVE

3. Mailing Address

P.O. Box 60521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KENNETH CITY, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

59-3626401

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

33784

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAHDERT, GEORGE K  
535 CENTRAL AVE  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEIKIRK, ADAM  
CITY-ST-ZIP 4903 LAKE CHARLES DRIVE  
KENNETH CITY FL 33709

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEIKIRK, JAMES G  
CITY-ST-ZIP 4903 LAKE CHARLES DRIVE  
KENNETH CITY FL 33709

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEIKIRK, LINDA  
CITY-ST-ZIP 4903 LAKE CHARLES DRIVE  
KENNETH CITY FL 33709

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6000046450745-07  
-10/19/01--01023--024  
\*\*\*\*550.00 \*\*\*\*550.00

TITLE ☐ Change ☐ Addition  
NAME LS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Adam Neikirk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-01 727-898-4855

Date

Daytime Phone #

CR2E034 (5/01)